SunCountry
HEALTH REGION

Annual Report for 2015-16

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Letter of Transmittal

The Honourable Dustin Duncan,
Minister of Health

Dear Minister Duncan,

Sun Country Regional Health Authority is pleased to provide you and the residents of the Sun Country Health Region with its 2015-16 annual report. This provides the audited financial statements and highlights some of the activities and accomplishments of the Region for the year ended March 31, 2016.

Sun Country Regional Health Authority enjoyed many successes during this fiscal year, including the addition of a new service in the CT program, thus providing improved access for the residents of the Region and province.

Our success is greatly attributed to the dedication and commitment of our staff members and physicians, in whom our residents entrust their care.

Respectfully submitted,

Marilyn Charlton
Chair
Sun Country Regional Health Authority

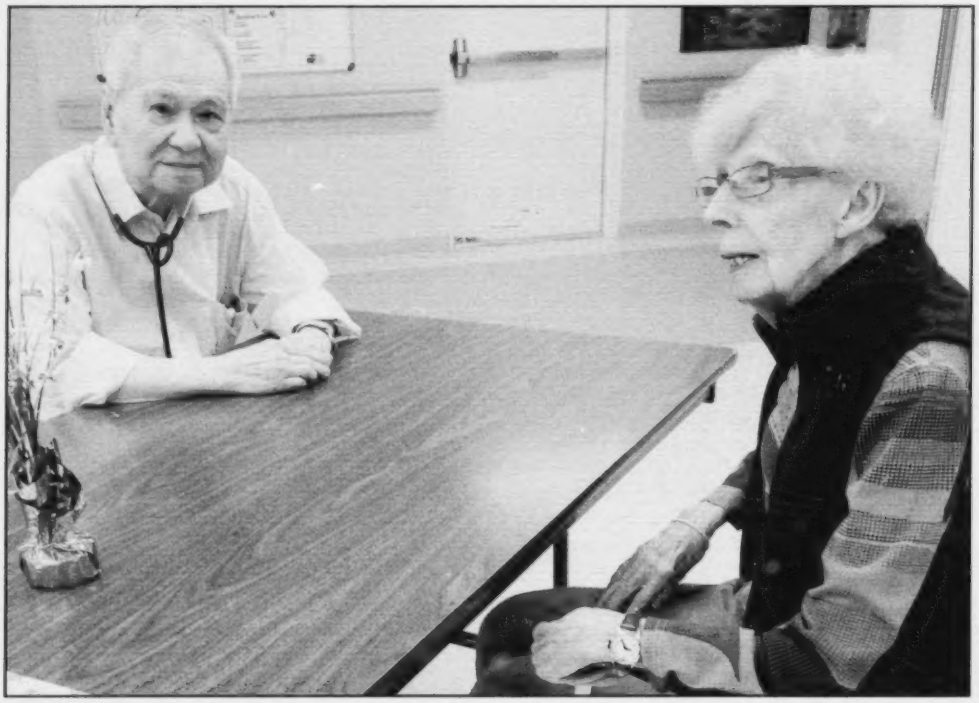
Introduction

This Annual Report presents some of the RHA's activities and results for the fiscal year ending March 31, 2016. It reports on the public commitments made and other key accomplishments of the RHA.

Results are provided on these publicly committed strategies, actions and performance measures identified in the annual strategic plan. This report also demonstrates progress made on other RHA commitments.

This report provides an opportunity to assess the accomplishments, results, lessons learned and opportunities to build on past successes for the benefit of the people in the Sun Country Health Region.

The RHA has confidence in the reliability of the information gathered by the organization to fulfill its corporate responsibility to inform the Ministry of Health and the public. Audited financial statements are included, as well as information gained during improvement projects that will move the Region toward Better Health, Better Care, Better Teams and Better Value, emphasizing a patient-and family-centred care culture for staff and physicians.



Dr. Philip Fong celebrated 50 years of serving patients in Weyburn and area in March of this year. Dr. Fong has served in every possible capacity at the Weyburn General Hospital, the former South Central Health District, and now the Region. In recent years, he has served as the resident doctor for long term care residents in Tatagwa View and the Weyburn Special Care Home. In the picture above, Dr. Fong visits with long time patient and friend Corry Swertz, a resident at Tatagwa View.

Alignment with Strategic Direction

Sun Country Health Region (SCHR) goals align with those of the Saskatchewan Health System. Many of SCHR's activities and directions reflect the goals created by the Provincial Health Leadership Team as the means to meet its mandate.

2015-16 Health System Priorities

Five-year Outcomes

- To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.
- By March 31, 2019, there will be a 60% reduction in Emergency Department wait times.
- By March 2019, there will be increased access to quality Mental Health & Addiction services and reduced wait time for outpatient and psychiatry services.
- By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to 6 common chronic conditions (Diabetes, CAD, COPD, Congestive Heart Failure, Depression, and Asthma).
- By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.
- By March 2018, 80% of clinicians in 3 selected clinical areas within one or more service lines will be utilizing agreed upon best practices.
- By March 31 2017, all infrastructures (IT, equipment & facilities) will integrate with provincial strategic priorities, be delivered with a provincial plan and adhere to provincial strategic work.
- Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.
- By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

Enduring Strategies

Better Health Strategy - Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care Strategy - In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value Strategy - Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Better Teams Strategy - Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

Five-year Improvement Targets

- By March 2018, fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan.
- By March 31, 2018, all regions and the Cancer Agency will implement the six elements of the Safety Management System. (SMS)
- By March 31, 2019, all Regions and the Cancer Agency receive a 75% evaluation score on the implementation of the elements of the Safety Management System.
- By March 2019 there will be zero shoulder and back injuries.
- By March 31, 2016, the length of stay (LOS) in the ED for 90% of admitted patients will be <= 22.3 hours (from the time a patient arrives in the ER to the time they are admitted to a bed).
- By March 31, 2016, the LOS in the ED for 90% of Non-Admitted patients will be <= 5.9 hrs.
- By March 31, 2016, meet triage benchmarks for outpatient Mental Health and Addictions (MH&A) services 85% of the time.
- By March 31, 2017, meet triage benchmarks for outpatient MH&A services 100% of the time.
- By March 31, 2016, a defined, staged implementation plan for the MH&A Action Plan is developed.
- By March 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology".
- By March 31, 2020, 80% of patients with 6 common chronic conditions (diabetes (DM), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), depression, congestive heart failure (CHF) and asthma) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMRs) and the eHR viewer.
- By March 31, 2016, TBD% of patients with 4 common chronic conditions (DM, CAD, COPD, and CHF) are receiving best practice care as evidenced by the completion of provincial flowsheets available through approved EMRs and the eHR viewer. (No target provided.)
- By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.
- By March 31, 2016, at least one clinical area within a service line will have deployed care standards and will be actively using measurement and feedback to inform improvement.
- By March 31, 2016, have delivered results on 3 high impact capital areas that address high risk for critical failure using alternative funding /delivery options.
- By March 31, 2016, common criteria and options for investing are used to vet all capital investments.
- All health system partner organizations will be in a balanced or surplus year-end financial position in 2015 -16.
- Shared services activities will produce $10M net new savings in 2015-16.
- By March 31, 2016, the provincial framework for an appropriate referral to specialists or diagnostics will be implemented in at least four new clinical areas within two service lines.

2015-16 Hoshins

- To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient mental health and addiction services 85% of the time.
- By March 31, 2016, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <=17.5 hours.

RHA Overview

Sun Country Health Region (SCHR) covers the southeast portion of Saskatchewan, Canada from the Manitoba border to the U.S. border, encompassing serene prairie and parkland. The Region covers 33,239 square kilometres. SCHR operates 28 facilities and 44 community-based health programs for the 59,690 people in this Region, with 2,400 staff members.

Facilities

Long Term Care Centres

Estevan Regional Nursing Home

Moose Mountain Lodge (Carlyle)

New Hope Pioneer Lodge (Stoughton)

Sunset Haven (Carnduff)

Tatagwa View (Weyburn)

Weyburn Special Care Home

District Hospitals

St. Joseph's Hospital of Estevan

Weyburn General Hospital

Community Health Centres

Weyburn Community Health

Carlyle Community Health

Kipling Community Health

Primary Health Clinics

Carlyle Primary Health Care Clinic

Carnduff Tony Day Medical Centre

Coronach Primary Health Care Clinic

Estevan/Lampman Primary Health Care Clinic

Kipling Primary Health Clinic

Maryfield Primary Health Care Clinic

Rural West Primary Health Care Clinic

Weyburn Primary Health Clinic

Health Centres with Long-term Care facilities

Bengough Health Centre

Coronach & District Health Centre

Fillmore Health Centre

Gainsborough Health Centre

Galloway Health Centre (Oxbow)

Lampman Health Centre

Mainprize Manor & Health Centre (Midale)

Radville Marian Health Centre

Wawota Memorial Health Centre

Community Hospitals

Arcola Health Centre

Kipling Integrated Health Centre

Redvers Health Centre

Health Centres

Pangman Health Centre

Inpatient Mental Health

Weyburn Mental Health Inpatient Unit

Programs and Services

Acquired Brain Injury Program
Acute Services (pediatrics, emergency, obstetrics, surgery)
Addiction Services
Adult Community Mental Health Services
Alternatives to Violence Programs
Asthma
Audiology Program
Autism Program
Child and Youth Mental Health Services
Communicable Disease Control
Community Dietitian Programs
COPD (chronic obstructive pulmonary disease) Program
COPS (Community Oncology Program of Saskatchewan)
Day Program for Seniors
Dental Health Program
Diabetes Program
Fall Prevention Program
Diagnostic Services (laboratory, x-ray, ultrasound, CT)
Emergency Medical Services
Home Care
Immunization Programs
Infection Control
Injury Prevention Program
Inpatient Mental Health
Long Term Care
Lymphedema Program
Meals on Wheels
Mental Health Rehabilitation Services/Therapy Program
Nutrition Program
Palliative Care Program
Parent Program
Physiotherapy and Occupational Therapy
Podiatry
Population Health
Primary Health Care Services
Psychiatry
Public Health Inspection
Public Health Nursing
Respite Services
Renal Program/Dialysis
Speech Language Pathology (Child/Adult)
Volunteer Program
Wellness Clinics
Wound Care

Health Care Organization Relationships

SCHR funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for regional residents and community-based services.

They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCHR provides operating funding to the following Health Care Organizations, in accordance with budget amounts approved annually:

1. SMILE Services in Estevan (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.

2. Weyburn Group Home Society - encourages employment, obtains quality housing and promotes the integration and acceptance in the community of persons diagnosed with mental illness.

3. Canadian Mental Health Association - Community Resource Centre in Weyburn and prevocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.

4. Fillmore Ambulance Services

5. Stoughton Ambulance Services

SCHR has a close working relationship and operating agreements with the following three affiliate organizations:

1. St. Joseph's Hospital in Estevan - 53 acute care beds, 34 long term care beds and four beds for convalescent, respite and palliative care.

2. Radville Marian Health Centre in Radville - 25 long term care beds, five multipurpose beds.

3. Sunset Haven in Carnduff - 39 long term care beds, one bed for convalescent, respite and palliative care.

Governance

The role of Sun Country Regional Health Authority (SCRHA) is to govern the organization to fulfill the Mission and Vision of the organization.
The Regional Health Authority is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes. Collectively, the job of SCRHA, which cannot be delegated, is to:
- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
- Provide SCRHA highlights to the public following regularly scheduled meetings.
- Hold open RHA meetings for public attendance.

SCRHA will:
- Focus chiefly on intended long term impacts on the community inside the Region, not on the administrative or program means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address: the desired results; the boundaries of prudence and ethics; SCRHA roles and responsibilities and the RHA-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self- policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective implementation of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the RHA's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.
- Ensure the Culture of Safety (Patient and Staff Members)
- Support a Patient and Family Centred Culture

Standards of Conduct:

Vision

Healthy People, Healthy Communities

Mission

Sun Country Regional Health Authority works together with individuals and communities in partnership to achieve the best possible care, experience and health.

Statement of Values

- **We value mutual respect, honesty and trust.**
- **We value openness with our community to create informed decision-making.**
- **We value social and ethical responsibility and accountability.**
- **We value privacy, confidentiality and compassionate care.**
- **We value a sense of ownership by those associated with the mission of the Sun Country Regional Health Authority.**
- **We value our Staff, Physicians and Volunteers as our most valuable resource.**
- **We value the pursuit of safety, quality and excellence in health care.**
- **We value the uniqueness of our patients and families and their input to foster excellence of care in Patient and Family Centred care.**

Regional Leadership Network

Sun Country Regional Health Authority has established a Regional Leadership Network, in conjunction with the elected municipal officials within its boundaries, to discuss local health care issues.

Two meetings of this network are held each spring and each fall in different communities each year. Meetings are open to the public to participate in the discussion. The times and locations of each meeting are advertised widely in advance and a news release issued to encourage interest.

The Network contributes to the Authority's responsibility to operate in a transparent manner and to be accountable to the public for effective governance of the Sun Country Health Region.

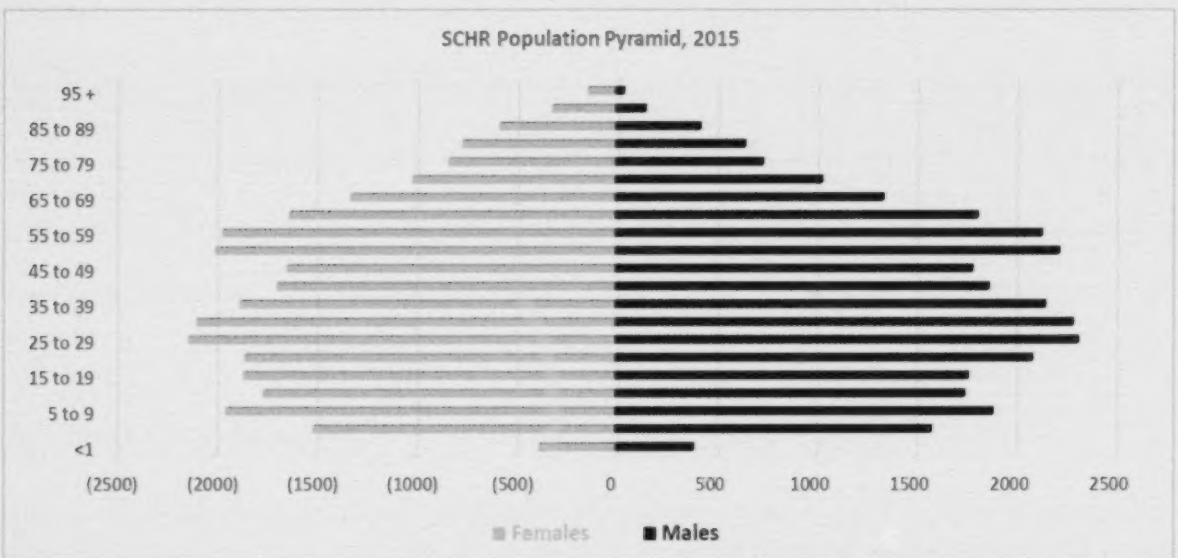
Sun Country Regional Health Authority was renewed in 2015-16, with four new members added. From left to right, top row, are Gary St. Onge, Derrell Rodine, Brian Romaniuk (new), Robert Brickley, and Murray Setrum (new). In the bottom row, from the left, are Marilyn Charlton, Chair; Karen Stephenson; Leigh Rosengren (new); and Marilyn Garnier, Vice-Chair (new).

The Population of Sun Country Health Region

In 2015-16, the population of Sun Country Health Region was 59,690 (eHealth SK Covered Population 2015, June 30.). This represents a 0.5 per cent decrease compared to the previous year. Meanwhile, a 0.1 per cent population increase was observed in the province.

The gender distribution remained essentially unchanged, with 49.1 per cent of the SCHR population female and 50.9 per cent of the population male. Population distribution in SCHR in 2015 shows the proportion of persons aged between 25 – 44 years was higher than the age group between 45 – 64 years at 27 per cent and 25 per cent respectively. Sixteen per cent of the population in SCHR is 65 or older, compared with 14.5 per cent of the provincial population. Eighteen per cent of the Region's population is under 15 years of age.

Figure 1: Sun Country Health Region Population Pyramid, 2015. Source: eHealth SK Covered Population Data 30-June-2015.



Forty-two per cent of SCHR population resides in the two large cities, with 30 per cent in other towns and the remaining 28 per cent in a mix of villages, rural municipalities and land reserved for First Nations.

Progress in 2015-16

Better Care

Hoshin: Antimicrobial Stewardship

Challenge: Antimicrobials (antibiotics, antiparasitics and antifungals) are at times used inappropriately. Contributing factors include no standard work on collecting specimen, prescribing anti-bacterials, and follow-up. Inappropriate antimicrobial usage leads to unwanted side effects, increased organism resistance, higher costs, prolonged or repeated hospitalization, and patient dissatisfaction.

Action:

- By March 31, 2016 Audits for compliance with patient order sets for cellulitis will demonstrate a 75% compliance rate with order sets (or algorithm).
- By March 31, 2016 Audits for compliance with SCHR Step-down protocol for Antimicrobials will demonstrate a 75% compliance rate with the protocol.
- By March 31, 2016 Education will have been provided to the general public via brochures and posters regarding the appropriate use of antibiotics.

Results:

- Four posters were sent to facilities and programs in all Acute and Long Term Care facilities in the Region providing information on the appropriate use of antibiotics.
- A professional education session was held in June 2015 for physicians, nurse practitioners, nurses and pharmacists. This session was attended by more than 50 professionals in the Region.
- To celebrate Antimicrobial Awareness Week in November, 2015, the Anti-Microbial Hoshin Committee distributed two quizzes to all staff members in the Region to engage them in a fun learning opportunity. (The committee was established in April 2015 to identify the actions needed to carry out this hoshin). Over 300 quizzes (greater than 12 per cent of staff) were returned to the committee and prizes were awarded to several staff members from throughout the Region.
- The committee has approved terms of reference for a standing antimicrobial stewardship committee for SCHR.
- The committee will continue to meet monthly and a frontline physician has been recruited to act as champion for the committee.

Better Teams

Hoshin: Stop Staff Injuries

Challenge: To achieve a Culture of Safety, by March 31, 2020, there will be no harm to patients or staff.

Action:

-Workplace Occupational Health and Safety (OH/S) talks monthly, regular meetings
-Completion of 5 Why training for all managers and continuous support to determine the root cause of injuries
-Completion of Transfer/Lift and Reposition training (TLR) for all managers and sustain certification
-Corporate campaign on OH/S stopping Staff Injuries
-Development of departmental scorecards
-One day OH/S training for all supervisors

Results:

- Safety Suggestion contest held with nearly 60 suggestions for improving staff safety from front line staff (April 2015)
- Value Stream Map completed for patient and staff safety reporting (August 2015)
- Who's Got Your Back? campaign implemented Region-wide (September 2015)
- Two staff certified in Ergonomic System Specialist course (September 2015)
- Front line staff and OH/S members invited to participate in Hoshin Kanri (Strategic Planning) (September 2015)
- Visioning Day held to outline key actions (October 2015)
- Subcommittees formed and milestones confirmed (November 2015)
- Algorithms for staff slips, trips, and falls; and for patient falls, medication errors, and abusive aggressive incidents were developed and distributed (January 2016)
- Safety Management System (SMS) education session to SMS committee members (January 2016)
- SMS presentation to Regional Management Meeting (January 2016)
- Weekly Wall Walk Agenda updated to include safety reporting such as critical incident updates (February 2016)
- Work standard developed for notifying Leadership of all lost time WCB claims to ensure follow-up (February 2016)

Results continued from previous page:

- Policies related to the SMS 1 to 3 developed and forwarded to Leadership and approved (March 2016)
- Site Orientation Checklist developed and piloted with new staff at Weyburn Special Care Home (March 2016)
- Regional managers surveyed regarding huddles and daily visual management display boards (February 2016)
- Slip, trip, and fall prevention awareness through a piece in the Sun Country Chatter staff newsletter and Gateway Online billboard (February 2016)
- WCB Claims Report expanded to include hazards/good catches and incidents in addition to WCB claims. Dashboard being piloted in Kipling Integrated Health Centre (February 2016)
- Establishment of monthly safety talks
- Training for staff on Safety for Supervisors, TLR object and patient, Od/S Level 1 and 2, Transfer of Dangerous Goods, etc.

Weyburn resident Glen Patterson, on the left, brings Lady the certified Therapy Dog to visit long term care residents in three facilities in Weyburn. Lady was recently certified as a therapy dog by St. John's Ambulance in Regina and wears a special vest to indicate her certification, which Sun Country Health Region sponsored. Standing next to Glen is Murray Goeres, Vice President, Facilities, Sun Country Health Region and patting her, in the red sweater is Doris Knutson. In the blue sweater is Margaret Rebrinsky. At the back of the table is left, Helen Mahaffey, and Hilde Schouten. Activities worker Liane Schrader stands at the back.

Better Care

Hoshin: Stop the Line

Challenge: Failure to stop the line may cause harm to staff and/or patients. There is a need to further develop a safety culture where everyone feels supported in detecting, reporting and fixing unsafe situations, incidents and errors, including stopping the line when necessary.

Action:

-Define education needs for Stop the Line, including inspirational stories, updates for wall walks

- Outline schedule for Stop the Line and root cause analysis training
- Create value stream maps for patient safety reporting
- Meet with test site for patient Stop the Line reporting
- Algorithms created and Huddle checklist created and shared
- Kaizen event for patient Stop the Line reporting
- Tool created outlining response actions and timelines for each safety incident code
- Timeliness of patient safety reporting assessed

Results:

- Visioning Day held to outline key actions (April 2015).
- Team formed; milestones and targets confirmed (April 2015).
- SAFER posters created and distributed (April 2015).
- Education session outline and packages developed for staff and Resident Council Meetings (April 2015).
- Root Cause Analysis training kicked off at Quality Symposium and integrated into Regional orientation (May 2015).
- Value Stream Map completed for patient and staff safety reporting (August 2015).
- Kaizen event held at Galloway Health Centre focuses on patients and families (November 2015). Stop the Line Culture poster updated
- Actions taken to improve timeliness of patient safety reporting including the development and distribution of work standards; targeted follow-up for reports of Code 3 (adverse outcome or significant potential for an adverse outcome) and Code 4 (tragic incident with potential for litigation).
- Stop the Line/Safety Alert System Implementation Assessment completed and areas for improvement identified.
- Attended webinars on options for electronic reporting.
- Plan outlined for partnering with Kaizen Promotion Office to improve metrics on safety on all Daily Visual Management boards (January 2016).

Results continued from previous page

- SCHR featured at provincial Safety Network Meeting (January 2016)
- Algorithms for patient falls, staff falls, and abusive/aggressive incidents were created and distributed (January 2016).
- Algorithm for medication errors was created and distributed (February 2016).
- Safety Alert Response work standard created and approved by the Leadership Team (February 2016).
- Wall Walk Agenda updated to include safety reporting such as critical incident updates (February 2016).
- Acute care experience survey questions added around safety, speaking up, and stopping the line.
- New current state value stream map created (March 2016). Improvements seen in timeliness.
- Gateway Online Survey and paper version used to learn about staff understanding of stop the line, examples, and support (see summary of results).
- Patients interviewed about speaking up/safety at Galloway Health Centre, during 60 and 90 day reviews.
- Representatives from the Hoshin Team attend the Practitioner Advisory Committee meeting to discuss Stop the Line and to ask for feedback and help as we move forward (November 2015).
- SCHR Internal Alert circulated for Point of Care Devices (November 2015).
- Targets achieved: 41 stop the line sessions, 469 staff attended.
- About 86 per cent of patients surveyed comfortable to speak up, 55 per cent of patients knew who to contact with safety concern.

The Activities Department at Mainprize Manor Long Term Care Facility in Midale has created a Poetry Club. Activities Coordinator Valerie Finney says original poems are created by the members from the hearts and memories of the participating residents. The Club's first poem, written in November 2014, was submitted to the Poetry Institute of Canada's Poetry Contest and has won a spot in the Institute's publication, called Tracery of Trees. In this picture, from left to right, poets are Hazel Emde, Margaret Hauglum, Valerie Finney, and Peggy Tait. Missing from this original group is Lorraine Kolke, who passed away.

Hoshin: Stop Infections Now

Challenge: Standard Hand Hygiene and Environmental cleaning has not been sustained and transformed into daily work due to lack of sufficient trainers, lack of standard process for trainers, lack of ease of reporting, lack of simple tools for auditing and consistent visual management.

Action:

- Create a new audit process for hand hygiene and environmental cleaning.
- Set up a recording process at each site that is simple and easy to evaluate.
- Establish standard core sites to create "core Teams" of trainers at each site within a six week period. Revisit original sites to determine compliance.
- Identify hand hygiene trainers at each site and train as per standard work using the World Health Organization template for standard training.
- Team members from original core team will visit each site and train the trainers, sharing tools to complete the education including posters, methods of recording and auditing.
- Work with Patient and Family Advisory Council to endorse the process.
- New staff and physicians will receive training at their orientation with follow up as per standard work at their work site orientation. Current staff and physicians will receive follow up training.
- Standard work for education and Hand Hygiene audits will be in compliance in all areas of the Region.
- Standard work for cleaning of high touch areas will be in compliance in all areas of the Region.

Results:

Throughout the year, trainers were assigned at each site to properly train individual staff on the proper hand washing, hand hygiene technique. It takes approximately 15 to 20 minutes to train each individual staff member on the proper hand washing technique. The goal was to educate all active staff by March 31, 2016. The number of staff was calculated at 2,048, and by March 31, 2016, 100 per cent of the active staff, received initial training in hand hygiene. Training and auditing will continue in the months ahead for new staff, utilizing standard work.

The other part of the Hoshin focused on the cleaning of high touch areas in facilities and sites. The goal was to achieve 95 per cent compliance in cleaning these areas at the time of the audit. All sites in the Region participated in this Hoshin and eventually all sites were able to meet the monthly reporting requirements of their audit results. Many of the sites were able to achieve the 95 per cent compliance in cleaning, many other sites were in the high 80 – 94 per cent range and only a couple of sites were below the 80 per cent range. Education and auditing is ongoing at all sites to meet the 95 per cent compliance target in the months ahead. Monthly reporting is ongoing to monitor the results and take corrective action, if necessary.

Reports by the Numbers

Health Facilities	2015-16	2014-15
Total EMS calls	4409	4660
Total EMS kilometres travelled	692,735	780,584
<u>Acute care average daily census:</u> Arcola Health Centre Kipling Integrated Health Centre Weyburn General Hospital St. Joseph's Hospital of Estevan Redvers Health Centre (re-opened Aug 2015)	 3.2 3.1 15.7 25 1.7	 2.6 2.5 18.3 25.4 0
Number of surgical procedures	743	903
Surgery wait list as of March 31, 2016 (95 per cent less than 90 day wait)	103	103

Human Resources	2015-16	2014-15
Total WCB claims	132	149
Direct cost of attendance management	$3.2 million	$3.1 million
Number of physician hires	5	11
Physician departures	10	3
Employees hired	419	436
Employee resignations/retirements	382	439
Bursaries awarded	52	57

	2015-2016		2014-15	
Regionally Owned Emergency Medical Services	**Annual Calls**	**Annual KMs**	**Annual Calls**	**Annual KMs**
Bengough	102	20654	70	12630
Carnduff	177	24386	131	20380
Coronach	73	11923	113	17295
Estevan	933	127113	1023	142445
Kipling	223	47326	174	36377
Lampman	45	5353	38	3560
Maryfield	35	5454	62	8381
Oxbow	271	74584	253	80004
Pangman	122	16417	243	39020
Radville	206	32461	84	15811
Redvers	91	19309	71	10190
Wawota	101	20193	130	27934
Weyburn	1203	145302	1321	149701
Contracted Emergency Medical Services				
Supreme—Carlyle	601	108427	574	150601
Fillmore	79	12551	63	9985
Stoughton	147	20282	175	25356
Totals for the fiscal year	**4409**	**692735**	**4525**	**749670**

Visits to Weyburn Specialty Clinic at Weyburn General Hospital

Number of Patient visits by visit type/physician:

	Cardiology		General Surgery				ENT	Totals
	Aboguddah	Garbe	Zimmer-man	Milne	W. Sheikh	K. Sheikh	Fritz	
Outpatient	325	201	92	137	532	457	561	2305
Inpatient	1	1	0	1	0	0	0	3
Emergency	0	0	0	0	0	1	1	1
Total	**326**	**202**	**92**	**138**	**532**	**458**	**561**	**2309**

Reports by Service

CT Services

A CT Scanner was purchased through collaboration between the Ministry of Health, St. Joseph's Hospital Foundation and Sun Country Health Region (SCHR), and funded through St. Joseph's Hospital of Estevan Foundation. The scanner is a welcome piece of equipment in the Region. On Feb 22, 2016, the CT scanner at St. Joseph's Hospital of Estevan performed its first scan. To March 31, 2016, 173 scans were performed on 157 patients.

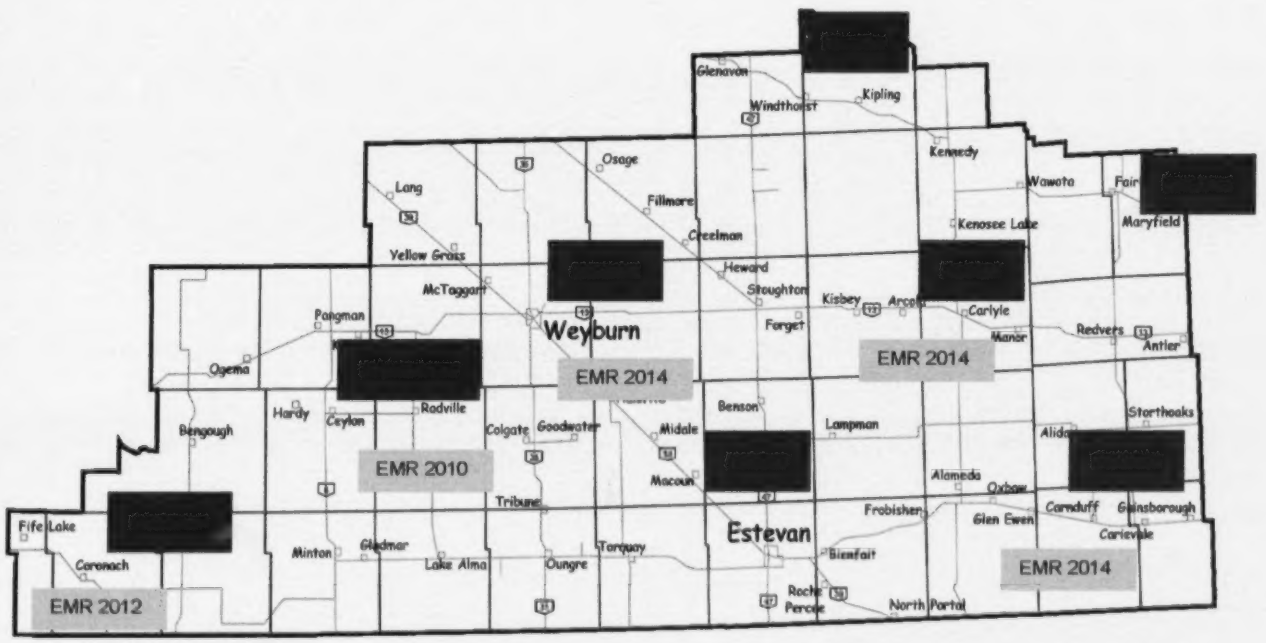
The CT scanner has built-in technology to reduce the radiation dose to patients, as well as the ability to reduce the volume of contrast media normally injected, which helps to decrease the risk factors associated with contrast exams. That makes it safer for patients.

Progress is being made with setting up the Provincial Stroke Pathway within the Region. The target date to have all guidelines set up, EMS mapping, staff training and to begin scanning patients for stroke alerts is the fall of 2016. This will be a huge benefit to patients.

Cutting the ribbon on the new CT scanner for Sun Country Health Region (SCHR). From left to right are Roy Ludwig, Estevan Mayor and Vice Chair of the St. Joseph's Hospital Foundation; Dr. Khalid Sheikh, Estevan Doctor; Greg Hoffort, Executive Director, St. Joseph's Hospital of Estevan; Saskatchewan Health Minister Dustin Duncan; Marga Cugnet, President and CEO, SCHR; Marilyn Charlton; Chair, SCHR; Dr. Folajimi Akinsete, Estevan Physician.

Primary Health Care

Primary Health Care (PHC) is working to connect patients to PHC Teams in order to provide quality, consistent, appropriate team-based care. The established Primary Health Care Teams in SCHR are in Kipling, Weyburn (Fillmore and Midale), Carlyle, Maryfield, Coronach, Tri-ELM (Estevan, Lampman), Carnduff, and Rural West (Bengough, Radville, Pangman).



Primary Health Care sites across Sun Country Health Region have been experiencing the benefits of an Electronic Medical Record (EMR) since 2010. An EMR securely stores and retrieves medical information, enabling health care providers to have quick and safe access to their patient's personal health information. Telus Med Access is the EMR of choice for the PHC sites. The transition from paper-based charts to electronic charts has been a work in progress - a moving target to completion. Expansion of the electronic medical record continued in 2015 with the implementation of the PHC sites in Lampman and Fillmore.

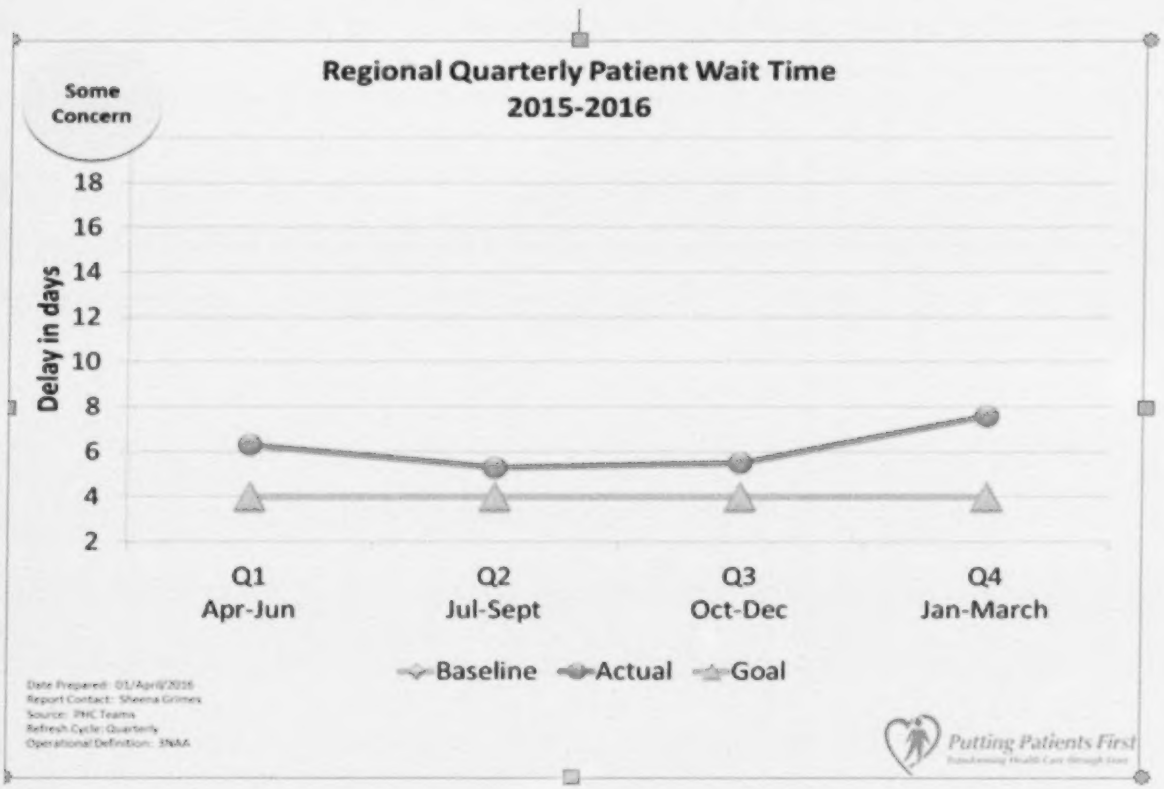
Access to EMR has been expanded to team members, including the development of a Chronic Disease Management Group and a Therapies group. A patient can receive services at any of the PHC sites which use Med Access and the practitioner is able to access his/her chart. Aims for the future include the addition of more team members in order to improve team-based, collaborative care.

All PHC teams worked towards five main focus areas for 2015-16. These areas included:

1. Sustaining and progressing SCHR PHC sites
2. Expansion of Chronic Disease Management programs across SCHR
3. Integration of Mental Health and Addiction programs and services
4. Integration of Population Health programs and services
5. Improve Access to programs and services.

Highlights from these focus areas include:

- The partnership developed between Primary Health Care and SCHR Pharmacy to enable dedicated Pharmacist time to support the PHC teams, practitioners and Chronic Disease Management programs.
- The partnership between Primary Health Care and Mental Health designed to improve patient access to mental health resources through their Primary Care providers. This work has resulted in a Hoshin project for 2016-17.
- Collaboration between multiple departments, including Primary Health, Pharmacy, Therapies and Patient Counseling to improve Chronic Disease Management programs for Pulmonary and Cardiac Rehabilitation.
- All SCHR Primary Health practitioners (alternate payment Physicians and Nurse Practitioners) are utilizing the CDM-QIP (Chronic Disease Management – Quality Improvement Program) flow sheets for Chronic Disease Management and are uploading data into the provincial repository.
- Participation in the University of Saskatchewan's RaDAR (Rural and Remote Dementia Action Research Team) project around Dementia care in rural settings continues with the Kipling PHC Team. The use of flow sheets and best practice guidelines for Dementia care have been one of the many benefits.
- All regional PHC teams will reduce the wait time for patients, using the method of 'Third Next Available Appointment'. (*'Third Next Available Appointment' is considered the gold standard in tracking patient wait times. This number is calculated at the same day and time every week by counting empty appointment slots until reaching the third empty opening. The number of days between the time calculating the Third Next Available and when the appointment is provides the Third Next Available Appointment.)*



Long Term Care Placement Process

A review of the long term care screening and placement process in Sun Country Health Region, as well as the single point of entry system, was conducted in 2015-16. Opportunities for improvement were identified. SCHR formerly relied on five committees to screen clients for access to a long term care facility. These committees each met on average once a month, resulting in the ability to screen clients once each week.

During the review of the process, research was conducted on a screening tool that relied on the Home Care MDS (Minimum Data Set) assessment. The new tool was tested on more than 200 screenings and was found to be accurate and time saving. The new tool can be utilized by one person, eliminating the five committees and making it possible to screen clients daily, and on a very consistent basis.

An electronic database was created to make it possible to see quickly which beds are available in the entire Region. This allows for a regional view when offering beds for long term care but is also essential when coordinating transfer within the Region and from other Regions, to all of our services. Clients are offered the most appropriate bed at or closest to their preferred location.

An update to the placement database increased staff ability to collect data on placement as well as better visually manage the long term care placement list. In addition to these electronic improvements, SCHR is now utilizing Procura for the long term care placement process which maintains a resident file through any home care service as well as or in continuation through to long term care placement.

The changes to the long term care screening and placement process have demonstrated efficiency in bed offers, increase in client centredness, better communication and a decrease in wait time for long term care placement. The new process is referred to as Intake & Placement. Screening happens within days of a request and the wait to a bed offer has decreased by about 11 days.

Therapy Programs

Therapy Services works with the Primary Health Care and Pharmacy departments, offering programming for clients with Cardiac Rehabilitation and Chronic Obstructive Pulmonary Disease. The six-week education portion is available by Telehealth in various locations throughout the Region. The exercise classes are offered in the Weyburn Therapy Department. The plan is to expand this program further.

Therapies' active Lymphedema Program includes assessment and treatment by the Lymphedema-trained Therapist and using the Lymphedema pumps in Weyburn and Estevan. In the 2015/16 fiscal year there were 244 visits to the Lymphedema Therapist and 161 visits to use the lymphedema pumps. There were 23 new patients to the program, with a total of 87 patients on the maintenance program.

Therapy Services accepts Pediatric clients. Preschool children who require Physical and Occupational Therapy can stay in the Health Region for therapy. Therapy is provided to infants and children with special needs to help them attain their full potential. Pediatric clients are seen in Estevan but this will be expanded to Weyburn in 2016. The pediatric program received 34 new referrals in the 2015/16 fiscal year with the caseload varying between 28 to 66 per month.

Patient Safety and the Patient Experience

Sun Country Health Region is working to improve the safety and quality of the care provided to patients/residents and clients. The following are objectives of the patient safety portfolio:

- Define safety accountabilities of individuals, teams and committees.
- Encourage and facilitate learning from adverse events and critical incidents.
- Organize and support education opportunities for staff about client safety.
- Encourage and facilitate family involvement and disclosure of adverse events to family and to reduce the chance of harm to patients in the future.
- Coordinate patient safety initiatives for 2015/2016 based on an assessment of patient safety issues and reflected in the SCHR Strategic Implementation Plan.
- Ensure compliance with all Accreditation Canada Required Organizational Practices (ROPs)
- Support the development of a Patient and Family Centred Care culture

Patient Safety Reporting

Through the Patient Safety Reporting System, adverse events are identified and reviewed to highlight themes and take action.

SCHR requires its employees to complete a Patient Safety Report when a potential (good catch/near miss) or actual adverse event occurs. The reports are analyzed and the findings are shared with staff, the Sun Country Regional Health Authority and at various meetings of the Continuous Quality Improvement team throughout the year.

There were 3,970 patient safety incidents reported from April 1, 2015 to March 31, 2016. The most commonly reported patient safety incidents were falls, medication errors, and abusive/aggressive behavior. Together these top three types of incidents accounted for 76 per cent of all incidents reported.

Critical Incident Reporting

There are times when an unexpected or adverse event is deemed a "critical incident". A critical incident is defined as a serious, undesirable and unexpected health event including but not limited to the actual or potential loss of life, limb or function.

Critical incidents may involve acts of commission (e.g. administration of the wrong medication) or omission (e.g. failure to institute a recommended therapeutic intervention) and are related to problems in practice, products, procedures and/or other aspects of the system.

Critical incidents are reported to the Ministry of Health and a case review is held with all involved to identify root causes and make recommendations.

The patient and/or family members are invited to attend the review as a team member. A weekly review is held at Leadership Meetings until all recommendations are implemented. Sun Country Regional Health Authority will also review the follow-up and determine if the recommendations are adequate to ensure that the incident will not happen again.

Education

The Continuous Quality Improvement/Patient Safety Department prepares and distributes a bi-monthly report to staff. The report contains summaries of concerns that have been brought forward by the public, Patient Safety Occurrence Reports, patient safety/quality improvement initiatives, Critical Incidents, and Issue Alerts.

A quarterly summary report is also prepared and submitted to Sun Country Regional Health Authority. The quarterly report also contains summaries of patient safety occurrence reports, patient safety/quality improvement initiatives, critical incidents, and issue alerts. The number and type of incident are reported by code (level of severity) and compared to numbers from previous quarters and years. Number and type of concerns are also reported, and the volume is compared to previous years. This information is shared with the public.

The Department coordinates two large learning events each year – the Quality Symposium and the Patient Safety Conference. These events are focused on learning from patient stories, sharing Regional accomplishments, advancing knowledge and learning new skills.

Patient Safety Initiatives

The SCHR Patient Safety Committee and CQI Teams develop standards/policies, monitor compliance, evaluate, and make recommendations to assist with the implementation of programs and projects to address issues of safety and quality. Examples of the priority projects identified and reviewed through patient safety are:

- Hand Hygiene
- Infection Control
- Fall Prevention
- Patient Experience
- Medication Administration/Reconciliation
- Patient Safety Occurrence Reporting
- Mistake Proofing
- Failure Modes Effect Analysis
- Stop the Line

Concerns Handling

SCHR has a coordinated process for handling client and health consumer complaints or concerns regarding the delivery of health services in the Region. The Quality of Care Coordinator facilitates the follow up of these concerns. Learnings are shared in the Quality Report and themes reviewed by Leadership so that improvements can be made.

During 2015/2016, a total of 178 concerns were received. This is slightly lower than the number received last fiscal year (219). There were 165 client contacts. The number of client concerns is higher than the number of contacts as some clients expressed more than one significant concern.

Ninety per cent of the concerns were resolved in less than 30 days with the average turnaround time being 5.9 days. The remaining 10 per cent of the concerns took over 30 days to resolve, with an average turnaround time of 52.6 days. These are typically complex concerns that require input from other disciplines and often other Health Regions.

Patient and Family Centred Care (PFCC)

In March 2012, Sun Country Regional Health Authority approved a five year implementation plan for Patient and Family Centred Care.
Patient and Family Centred Care is an approach to system design and providing care that requires collaboration with patients and families as participants not only in their care but also in the design of the system that delivers their care. PFCC is working with patients and their families, not doing to and for them.
There were 22 Patient/Family Advisors registered with SCHR during 2015-16. These Advisors provide input through various mechanisms such as Rapid Process Improvement Workshops, sharing stories at Regional Health Authority meetings or educational events, reviewing brochures and other materials, and participating as a member of Hoshin or Improvement teams.
Provincial priorities for PFCC were identified for 2015-2016. The priorities and actions were all achieved:

1. Establish a Patient and Family Advisory Council. Completed. Sun Country Health Region established a Patient/Family Advisory Council in 2012.
2. Develop an Open Family Presence Policy that aligns with the Provincial Guidelines Completed. SCHR has practiced open family presence, but formalized this commitment with the distribution of the policy in March 2016. Audits were completed with patients and staff; 94 per cent of patients and residents surveyed indicated that they were able to have their family with them for the amount of time that was comfortable.
3. All new Patient/Family Advisors to participate in an orientation process. Completed. SCHR has an orientation process for new Patient/Family Advisors. The Work Standard and checklist for this process were updated in December 2015. Patient/Family Advisors are also invited to participate in the provincial orientation via Telehealth or webinar.

SCHR Dave Galloway CQI Award

The annual Dave Galloway CQI (Continuous Quality Improvement) Award was established in honour of Dave Galloway, who passed away in March of 2004. Dave had a passion for making the health system better and bringing issues down to a common sense perspective.
The award recognizes an individual, project, or team that exemplifies CQI in an extraordinary way. Applications are reviewed and scored by the Sun Country Health Region CQI Steering Committee. The following projects were entered into the contest in 2015-16:

- Carlyle Primary Health Team – Evening hours for clinic
- Kipling Integrated Health Centre Team – Completion and move into new facility
- Maternal Mental Health – Expansion of pre/post natal health program
- Primary Health Care team – Expanding telehealth to Weyburn Primary Health Clinic
- Nurse Manager, Tatagwa View – Recognize Wes Lonoway (porter) for volunteer work with long term care residents
- Interdisciplinary Mistake-Proofing team – Venous thromboembolism project to ensure correct medication given to every patient to prevent pulmonary embolism and blood clots. ***(This project was the award winner.)***

Stop the Line/Safety Alert System

Stop the Line/Safety Alert System was one of the priority projects or Hoshins for 2015/16. This Hoshin was focused on reducing harm to patients and staff through the creation of a Stop the Line culture, where everyone is comfortable and confident to speak up and stop the line if needed. The team developed a SAFER poster to reinforce the Stop the Line procedures and facilitated 40 education sessions with 469 staff and 90 residents/family members attending the sessions.

One of the key actions of this team was a Kaizen Event at Galloway Health Centre. This event was held to develop tools and processes to encourage patients and families to speak up and stop the line if needed. The team developed and updated tools including scripts for admissions and handoffs, new posters and brochures, "Ask Me" pins, and updated whiteboards. These tools were also reviewed by the Patient/Family Advisory Council.

Comments from Patient Family Advisors:

"Every interaction is an opportunity to reinforce the messages around safety" - Alison Duncan RN, Kaizen Event Team Member

"I am impressed and appreciative of the changes and efforts in health care to encourage and involve patients and family members in the health care experience. Speaking up and questioning safety, too, are new to us - so tools and materials which help us need to be provided. I strongly believe that a team effort is the best possible way to approach many things and healthcare is no exception" - Lori Moncrief, Patient/Family Advisor and Kaizen Event Team Member

"I kept the 'Its Safe to Ask' brochure folded in my back pocket. It was my Linus blanket. It made me know that it would be OK to speak up if I had concerns about my mom's care". – Lynne Pretty, Patient/Family Advisor

Summary of Key Measures 2015-16

Targets	Q1 Apr-Jun	Q2 July-Sep	Q3 Oct-Dec	Q4 Jan-Mar
12% of patient safety incidents that are reported will be near misses/good catches	10 %	9 %	11 %	10 %
40 Stop the Line sessions held	6	8	15	11 Total =40
400 staff members attend a Stop the Line session	78	145	130	116 Total=469
10 root cause analysis sessions held	2	2	3	3 Total=10
90% of patients will be comfortable speaking up	No measure (nm)	nm	nm	86%
Reduce the number of days from time of patient safety incident to data entered into the system	nm	73.13	nm	18.63
90% of staff surveyed indicate they felt supported if they stopped the line - by peers -at facility level -at regional level	nm	nm	nm	 81% 69% 57%

Organization – 5S

5S is a set of concepts that help organizations ensure a clean and organized work place. 5S is a basic building block for Daily Management and foundational to implementing the Supply Management system the province has adopted.

5S concepts, each starting with the letter "S", are:

Sorting Separates the necessary from the unnecessary. Unnecessary tools, equipment, and procedures are removed from the workplace.

Sweeping Makes everything neat and clean by identifying potential problems. Unsafe conditions or damaged equipment are dealt with early in the process.

Standardizing Defines how a task should be done and lets everyone involved in the process know the "best way" to perform tasks. Process changes are documented as they occur. Accelerated Improvement Rapid changes and improvements using a rigorous process made by employees who do the work in an organization.

Simplifying Puts everything in its place and organizes material according to how frequently it is used. Visual aids are encouraged in order promote understanding.

Self-Discipline Ensures that all housekeeping policies are adhered to, and usually paves the way for success in other Continuous Quality Improvement efforts.

During the 2015-16 year, **35** - 5S training and implementation events were held in SCHR with **89 staff** members participating in the events.

In 2014-15 there were **10** – 5S training and implementation events with **37 staff** members participating in the events.

Measure	Nursing	EMS	Housekeeping	Dietary	Maintenance
# of areas completed	58	20	9	11	10
# of areas to be completed	143	26	24	33	25
Per cent complete	41%	77%	38%	33%	40%

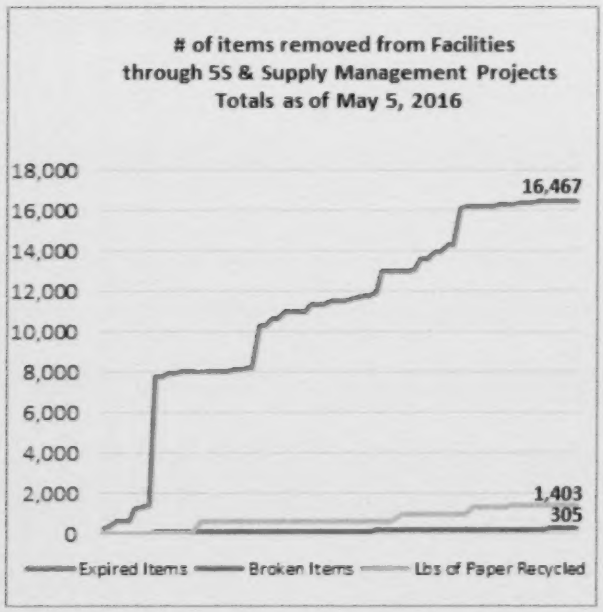
Note: The inventory of areas to be completed was finished in 2015 so there is no comparison data for 2014.

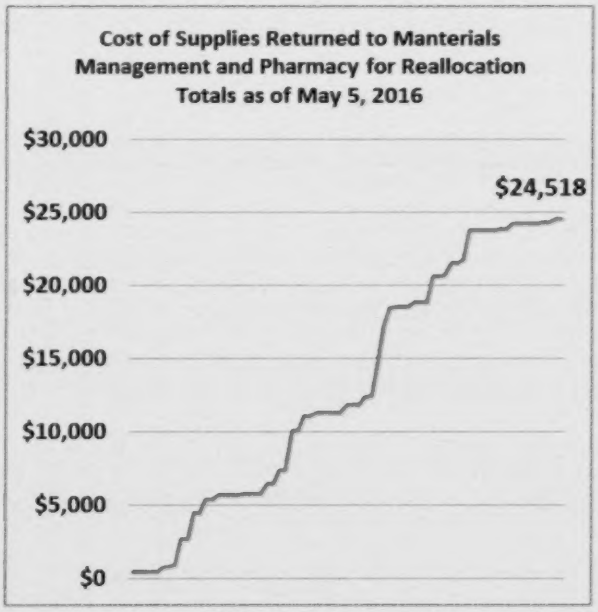
Supply Management

Implementation of the new supply management system started in November 2015. The Kanban supply management system provides the capability to keep the inventory at a reasonable level without inventory expiring or sitting unused on the shelf.

> Supply Management provides a card which gives information concerning – item description, quantity required, and location stored. This system is used for controlling production (i.e., medication kits) and inventory (i.e., IV supplies).

In 2015 there were (two) **2** Supply Management education and implementation sessions held in the **Nursing Department**. In the first quarter of 2016 there was an additional (five) **5** sessions held.





Service Line – Human Resources

Sixteen Value Stream Maps were created in the Human Resources department for the following areas: Accommodations, Administration Processes, Attendance Support, Bursary Applications, Clinical Placement, Disability Management, Employee Recognition, Employment Services, Mentorship, OH&S, Orientation, Payroll, Recruitment, Return to Work, Scheduling, Worker's Compensation.

As Teams created their Value Stream Maps they generated 140 improvement ideas. These improvement ideas were used to provide focus for their daily improvement work, for Rapid Process Improvement Workshops (RPIWs), and Kaizen Events.

The improvement coach for the HR Team developed a guide for setting up a service line. This guide will be used to replicate the establishment of future service lines for the Region. The process for developing the service line contains six elements: Initial Meeting to Develop Improvement Plan, Value Stream Map Event for Current State, 5S Plan, Improvement Sessions, RPIW Events, Kaizen Events.

Measure	Improvement Plans	VSMs	5S Plans	Improvement Plans	RPIW Events	Kaizen Events
Per cent complete	75%	75%	62%	43%	100%	62%

RPIWs

Three (3) RPIWs were held in Sun Country Health Region in 2015-16.

Measure	2015-16	2014-15	2013-14	2012-13
# of RPIWs	3	7	4	1

Highlights of the three RPIWs:

Mental Health Information Flow:

1. The team transferred the screening, registration and assessment information flow from paper to electronic, reducing the number of times staff needed to check the mail room and saving 868 steps per day. The time required to distribute the forms dropped from 2.7 hours to 8 seconds.
2. The team reduced the amount of unnecessary items in the Mail Room by 50 per cent, making room for a proper work table for staff members, including psychiatrists.

Quality Measures/125 forms	Baseline	Target	Final	%Change
Screening form: % of incomplete forms	2	0	0	-100%
Inaccurate forms	2	0	2	0%
From patient referral to patient screening process completed (H:MM:SS)	25:57:21	12:30:00	5:47:09	-78%

Human Resources New Hire On-boarding:

External Hire Pre Orientation Process and New Hire Criminal Record Check work standards were created that will assist new employees, managers and Human Resources staff to ensure all paper work is completed prior to an employee's start date. New hires will not be able to attend orientation, or start work until all the required paperwork is complete, which includes the Criminal Record Check with Vulnerable Sector.

A visual management board was created to ensure that all required information flows through the department, to the manager and new hire and that nothing will be missed. The new hire orientation package was redesigned and simplified, adding more instruction and eliminating the duplication of paperwork. The newly designed processes for new hires was implemented immediately and targets of 100 per cent for all quality measures were quickly reached within the first 60 days following the improvement event.

QUALITY MEASURES	BASELINE	TARGET	FINAL	% CHANGE
% of Criminal Record Check completed prior to Employee start date	86%	100%	85%	-1%
% of Letters of Offer completed by Employee start date	36%	100%	10%	-26%
% of interview notes added to Employee file	55%	100%	45%	-20%
% of Reference Checks added to Employee File	36%	100%	30%	-6%

Scheduling:

- Clear and concise roles, responsibilities and processes for same day call in Shift replacement were documented.
- Same day calls are filled in a timely manner to ensure there are sufficient staff to care for patients/clients/residents.
- Work Standards were developed to ensure maximum staff coverage.
- Standard call-in protocols are now in place and scheduling staff no longer receive calls for incorrect shift replacement. This helps to ensure staff are not working short due to inefficient call in processes and will reduce the need for overtime.

"To date, this is my second RPIW. I previously attended RPIW #10. RPIW's are eye-opening to say the least. I very much enjoy working with groups of people to achieve a common goal. It is truly amazing to see the progress and changes that have been made. I would hands down, participate in future RPIWs. Thank you for this opportunity." -

Tamaira Backlund, Patient & Family Advisor

LEADS in SCHR

Sun Country Health Region has adopted LEADS—through the Canadian College of Health Leaders—as its Leadership development platform. LEADS stands for Lead Self, Engage Others, Achieve Results, Develop Coalitions, System Transformation.

The **LEADS in a Caring Environment** framework represents the key skills, behaviors, abilities and knowledge required to lead in all sectors and all levels of the health system. It presents a common understanding of what good leadership looks like, across all levels of service provision in health care.

Sun Country has one regional Executive Coach and five regional certified LEADS Facilitators to coordinate and facilitate the program. They are all certified through the Canadian College of Health Leaders. They continue to perform their regular jobs in the Region as well.

The LEADS development platform consists of the following six components:

- 360 Assessment Process
- 360 Group Debrief
- Individual Coach Debrief
- LEADS Learning Series (5 Days)
- Coaching Workshop (2 Days)
- Learning Plans Sign-Off

Leadership is the capacity to influence self and others to work together to achieve a constructive purpose."
- Dr. Graham Dickson, Canadian Health Leadership Network

Measure	2015-16	2014-15
# of LEADS participants	39	40

Regional SCHR Pharmacy

The significant activity for 2015/16 year was the introduction of the regional pharmacy to Primary Health Care Clinics for Pulmonary Rehabilitation, Chronic Obstructive Pulmonary Disease and continued participation in Chronic Kidney Disease programming.

Additionally, the regional pharmacist is now available for consult to all physicians and Primary Health Care teams in the region on a referral basis for medication management. Data from the first six months shows clinical significance with 346 Drug Related Problems (DRPs) found. DRPs are defined as unnecessary drug therapy/duplication, incorrect drug, too little of the correct drug prescribed, too much of the correct drug prescribed, adverse drug reaction, inappropriate adherence, needs additional therapy for medical condition, drug interaction, medical condition caused by drug use without indication, sub-optimal drug therapy (product, formulation, route, allergy).

Statistics on the number of patients in Primary Care Clinics, smoking cessation patients, medication assessment patients began to be collected in October 2015.

Information Systems

In 2015-2016, SCHR continued its commitment to act in alignment with provincial shared services initiatives by participating in a number of provincial initiatives that had an Information Technology component.

- SCHR was the first region in the province to adopt the new provincial transcription system with 3sHealth. The technology portion of this involved coordinated action among IT specialists from the vendor, 3sHealth, and the eHealth team that provides service to SCHR.
- SCHR's planning for the Hospira Smart Pump initiative was led by 3sHealth and served as a launching pad to install wireless networking ("Wi-Fi") in the majority of the Region's facilities. This is consistent with the direction taken by all but one health region in the province. The use of wireless technology will enable pumps to be geographically tracked as they move within a facility or between facilities in the region, leading to fewer missing pumps in the future. It will also set the foundation for future wireless networking components, such as carbon monoxide detection devices.
- SCHR has filled the vacant Regional Director of Information Systems position with a Director seconded from eHealth Saskatchewan. This inter-organizational collaboration has been successful, and can serve as a model for future secondments, shared human resourcing, and collaboration within the health system.

Other significant ongoing work involves telephones. SCHR is gradually replacing the aging, unreliable telephone infrastructure, in some cases 40 years old, with state of the art Voice Over Internet Protocol (VOIP) technology. This not only reduces risk of unplanned telephone outage due to aging infrastructure, but also allows new features, such as video telephones, linking desk and cell phones, ability to retrieve voice mail and manage phones from a computer, connecting phones with computer-based instant messaging, and decreased long distance costs for calls between facilities by routing voice calls over the "CommunityNet" network provided by the province.

Linen Services

SCHR participated in the provincial Linen transition with leaders from all sites as a major Shared Service initiative. SCHR provided regional data for this initiative. The new state- of- the- art plant was built in Regina and began operation in the summer of 2015.

SCHR's transition happened October 26, 2015. Ten full time and three part-time laundry staff were impacted. SCHR adopted a no-layoff policy and worked to find positions for staff affected by this change.

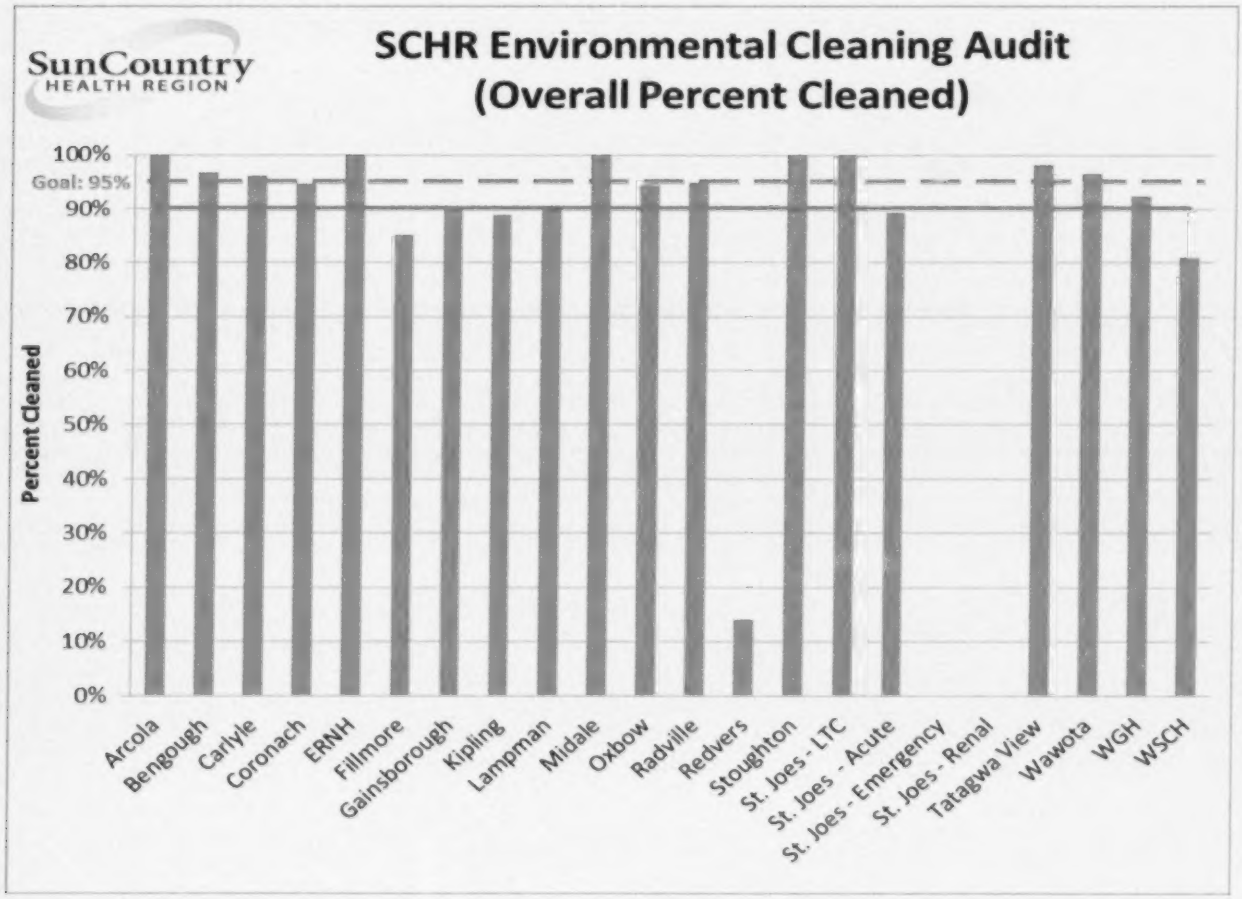
Since the Region had almost a two-year time frame from the start, it was able to hold vacant positions for laundry staff. Staff members were accommodated into other positions before October 2015. Some staff members chose to retire. The transition took place smoothly and the decommissioning of the SCHR plant took place immediately after, selling equipment and preparing the space.

Environmental Services

Environmental services includes cleaning of clinical and non-clinical environments, waste handling and disposal and handling of Bio-med products. The department's role is to prevent the spread of infections by proper cleaning of the high touch areas in patient/resident care areas. SCHR has in place audit tools that are used to do monthly checks at all sites. This is also an educational tool so staff can see what is being missed and how they can improve cleaning practices to ensure the monthly goal of 95 per cent is reached. The ultimate goal is to reach audits showing 100 per cent of high touch areas are cleaned.

During site orientation, all staff members are shown how to clean the facilities. SCHR involves patients/residents and families in the audits.

The chart below shows the final audit results for 2015-16.



A Patient's Story

What Blocks the Heart?

Rosemary was a 50-year-old patient who underwent a surgical procedure at an acute care facility in Sun Country Health Region. Initially, she was to have her surgery two weeks prior, but a reaction to medication halted the procedure and it was rescheduled.

On her pre-operative assessments and appointments, Rosemary identified that she was allergic to Morphine; and Ativan was then also included after her initial surgery was cancelled. Her allergies were noted in her medical charts for the surgery, an allergy bracelet was put on her wrist and it was discussed in the pre-operative surgical checklist. An ECG was also completed during her pre-operative requirements, which came back normal.

When Rosemary went in for her surgery, the anesthetic was administered, but she was still moving around and the surgery could not move forward. A clinical decision was made to administer a small amount of epi-morph. She then settled, the surgery was performed and she was taken to the recovery room at the conclusion of her surgery.

Shortly after Rosemary was moved to the recovery room, the nurse noticed some abnormalities in her heart rhythm; she was in a second degree heart block. The physician on call and the anesthetist were consulted and she was moved from recovery to the ICU. Attempts were unsuccessful and Rosemary was successfully transferred to an out of Region tertiary centre with diagnosis of a third degree heart block.

This event left the staff and the patient wondering what had happened.

The event was reported to the Ministry of Health as a Critical Incident and a full chart review was conducted with the staff and anesthetist. A medical review was completed by the anesthetist and VP Medical for Sun Country Health Region.

Recommendations following the Review are listed below:

- Include further questioning from staff to patient regarding allergies at every point of contact i.e. What is your reaction? When was the last time you received the medication?
- Communicate with the patients' family physician regarding prior knowledge of prior medication reactions and to query prior symptoms.
- No prior cardiac concerns were noted by the physician
- No prior morphine reactions were known to the physician
- Review on pacing procedures to be completed.
- Coordinate a meeting with the patient, family and review team to disclose information about the administration of the epi-morph during surgery.

A patient's story continued

The Outcome

The outcome of this event provided learning opportunities for not only the staff of the acute care facility, but also for Rosemary. A disclosure meeting was held with Rosemary and her family member with the review team. During that meeting Rosemary described her accounts of her morphine allergies in the past. As questioned by the staff and anesthetist, Rosemary's reaction to morphine historically has caused her heart to race, which was the opposite reaction of the events of her surgery. Rosemary explained that the women in her family have all had a history of reactions with morphine and they all were very similar.

During the meeting, Rosemary also asked questions regarding her current state of troubles with her short term memory and her decreased appetite due to food losing its taste and tasting "tinny"; all likely side effects of the general anesthetic.

Although it was determined that the morphine was not the factor in the post operative cardiac complications, but rather the anesthetic, the acute care facility staff memberse are taking great steps in ensuring there is a full understanding of any listed patient medication allergies.

As a result of this event and the post-event disclosure meeting, Rosemary now has a better understand of her health and reactions to medications and anesthetic. The review/care team members have provided her with education regarding measures to take for future surgeries or procedures requiring or suggesting anesthetic. As well, the care team provided her with the learnings on the symptoms she was experiencing, such as the short term memory loss and loss of appetite and are connecting her with services to help her manage them.

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2016

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June 8, 2016

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards for government not-for profit organizations and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Marga Cughet
President & CEO

John Knoch
VP Corporate & Finance

VIRTUS GROUP

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the accompanying financial statements of **Sun Country Regional Health Authority** which comprise the statement of financial position as at March 31, 2016, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Emphasis of Matters

We draw your attention to Note 17 which describes the retrospective correction of the accounting for co-ownership assets.

We draw your attention to Note 3 which reports that the capitalized cost of the Radville Marian Health Centre building is included in the capital assets of the Authority. The building was constructed under a funding agreement between the Authority and the Province. The facility is operated by Radville Marian Health Centre Inc. under an agreement with the Authority.

Our report is not qualified in respect of these matters.

June 8, 2016
Regina, Saskatchewan

Virtus Group LLP
Chartered Professional Accountants

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2016

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total March 31, 2016	Total March 31, 2015 (Note 9)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 12,365,354	$ 4,959,415	$ 2,636,139	$ 19,960,908	$ 16,831,207
Restricted Cash and Investments (Schedule 2)	3,189	-		3,189	5,280
Accounts Receivable					
Ministry of Health - General Revenue Fund	784,598	215	-	784,813	178,415
Accounts Receivable - Interfund	422,132	-	(422,132)	-	-
Other	2,217,482	65,536	13,256	2,296,274	3,627,767
Inventories	693,481	-	-	693,481	678,791
Prepaid Expenses	321,551	-	-	321,551	1,037,264
	16,807,787	5,025,166	2,227,263	24,060,216	22,358,724
Investments (Schedule 2)	17,718	-	2,660	20,378	20,090
Capital Assets (Note 3)	-	92,290,179	-	92,290,179	94,189,521
Total Assets	$ 16,825,505	$ 97,315,345	$ 2,229,923	$ 116,370,773	$ 116,568,335
Liabilities					
Current Liabilities					
Accounts Payable	$ 2,658,594	$ 356,445	$ -	$ 3,015,039	$ 3,213,211
Accrued Salaries and Benefits	7,383,303	-	-	7,383,303	4,581,885
Accrued Vacation	7,723,670	-	-	7,723,670	7,623,101
Mortgages Payable - Current (Note 6)	-	502,090	-	502,090	489,292
Obligation under Capital Lease - Current (Note 4)	-	58,157	-	58,157	27,430
Deferred Revenue (Note 12)	1,179,949	-	-	1,179,949	1,648,753
	18,945,516	916,692	-	19,862,208	17,583,672
Mortgages Payable (Note 6)	-	2,069,864	-	2,069,864	2,574,339
Obligation under Capital Lease (Note 4)	-	202,691	-	202,691	6,552
Employee Future Benefits (Note 14)	3,698,900	-	-	3,698,900	3,656,900
Total Liabilities	22,644,416	3,189,247	-	25,833,663	23,821,463
Fund Balances					
Invested in Capital Assets (Note 17)	-	89,100,932	-	89,100,932	91,012,726
Externally Restricted (Schedule 3)	-	3,685,565	2,229,923	5,915,488	8,031,338
Internally Restricted (Schedule 4)	3,189	1,339,601	-	1,342,790	345,382
Unrestricted (Deficit)	(5,822,100)	-	-	(5,822,100)	(6,642,574)
Total Fund Balances	(5,818,911)	94,126,098	2,229,923	90,537,110	92,746,872
Total Liabilities & Fund Balances	$ 16,825,505	$ 97,315,345	$ 2,229,923	$ 116,370,773	$ 116,568,335

Contractual Obligations (Note 4)

Employee Future Benefits (Note 14)

Approved by the Board:

Marilyn Charlton, Board Chair

Board Member

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations

For the Year Ended March 31, 2016

	Operating Fund			Restricted Funds			
	Budget 2016 (Note 8)	2016	2015	Capital Fund 2016	Community Trust Fund 2016	Total 2016	Total 2015 (Note 9)
Revenues							
Ministry of Health - General Revenue Fund	$ 138,656,000	$ 140,803,887	$ 138,107,911	$ 611,419	$ -	$ 611,419	$ 10,531,606
Other Provincial	572,678	833,077	857,479	107,399	-	107,399	110,463
Federal Government	2,750	-	288	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Patient and Client Fees	11,053,500	11,302,643	11,027,520	-	-	-	-
Out of Province (Reciprocal)	519,000	492,301	527,498	-	-	-	-
Out of Country	10,300	16,686	21,711	-	-	-	-
Donations	30,000	503,260	158,707	353,020	191,611	544,631	4,482,952
Investment	75,000	177,665	143,984	81,478	23,059	104,537	70,449
Ancillary	-	-	-	-	-	-	-
Recoveries	2,072,604	3,247,965	2,429,692	603,216	-	603,216	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	98,800	549,640	94,187	2,200	-	2,200	
	153,090,632	**157,927,124**	**153,368,977**	**1,758,732**	**214,670**	**1,973,402**	**15,195,470**
Expenses †							
Inpatient & resident services							
Nursing Administration	457,027	451,980	514,877				
Acute	5,612,167	5,883,011	6,925,144	339,641	-	339,641	349,160
Supportive	25,009,861	25,490,488	27,054,807	1,274,378	315,088	1,589,466	2,163,490
Integrated	37,021,762	37,700,988	33,196,953	3,718,605	51,430	3,770,035	2,097,802
Rehabilitation							
Mental Health and Addictions	1,673,291	1,863,148	1,749,481			-	-
Total inpatient & resident services	**69,774,108**	**71,389,615**	**69,441,262**	**5,332,624**	**366,518**	**5,699,142**	**4,610,452**
Physician Compensation	**7,298,570**	**7,074,103**	**6,824,596**	-	-	-	-
Ambulatory Care Services	**2,316,190**	**2,404,391**	**2,362,763**	-	-	-	-
Diagnostic & therapeutic services	**11,161,714**	**11,271,650**	**10,409,747**	**5,157**	-	**5,157**	**4,814**
Community health services							
Primary health care	2,522,702	2,395,500	2,442,858	56,536	-	56,536	56,754
Home care	10,603,157	10,591,462	10,180,806	12,112	-	12,112	4,248
Mental health & addictions	4,944,578	4,986,104	4,803,692	913	-	913	1,142
Population health	4,149,987	4,249,150	4,117,009	75,860	-	75,860	402,821
Emergency response services	5,596,420	5,985,796	5,513,872	276,229	-	276,229	289,703
Other community services	525,150	481,654	482,901		-	-	
Total community health services	**28,341,994**	**28,689,666**	**27,541,138**	**421,650**	-	**421,650**	**754,668**
Support services							
Program support	8,556,426	9,100,451	9,352,085	-	-	-	-
Operational support	23,139,995	23,989,414	23,361,594	-	-	-	-
Other support	1,800,381	2,065,050	2,402,638	-	-	-	-
Employee future benefits		-	2,900	-	-	-	-
Total support services	**33,496,802**	**35,154,915**	**35,119,217**	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total expenses (Schedule 1)	**152,389,378**	**155,984,339**	**151,698,723**	**5,759,431**	**366,518**	**6,125,949**	**5,369,934**
Excess (deficiency) of revenues over expenses	**$ 701,254**	**$ 1,942,785**	**$ 1,670,254**	**$ (4,000,699)**	**$ (151,848)**	**$ (4,152,547)**	**$ 9,825,536**
Interfund transfers (Note 15)		(1,124,402)	(1,284,830)	1,273,014	(148,612)	1,124,402	1,284,830
Increase (decrease) in fund balances		**818,383**	**385,424**	**(2,727,685)**	**(300,460)**	**(3,028,145)**	**11,110,366**
Fund Balance, beginning of year		(6,637,294)	(7,022,718)	96,853,783	2,530,383	99,384,166	75,393,500
Prior Period error (Note 17)		-	-	-	-	-	12,880,300
Fund Balance, end of year		$ (5,818,911)	$ (6,637,294)	94,126,098	2,229,923	96,356,021	99,384,166

† See also Schedule 1 - Expenses Classified by Object

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

For the Year Ended March 31, 2016

2016	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2016*
Fund Balance, beginning of year	$ (6,637,294)	$ 96,853,783	$ 2,530,383	$ 92,746,872
Excess (deficiency) of revenues over expenses	1,942,785	(4,000,699)	(151,848)	(2,209,762)
Interfund transfers (Note 15)	(1,124,402)	1,273,014	(148,612)	-
Fund Balance, end of year	$ (5,818,911)	$ 94,126,098	$ 2,229,923	$ 90,537,110

2015	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2015*
Fund Balance, beginning of year	$ (7,022,718)	$ 72,865,672	$ 2,527,828	$ 68,370,782
Prior Period Error (Note 17)	-	12,880,300	-	12,880,300
Excess (deficiency) of revenues over expenses	1,670,254	9,747,501	78,035	11,495,790
Interfund transfers (Note 15)	(1,284,830)	1,360,310	(75,480)	-
Fund Balance, end of year	$ (6,637,294)	$ 96,853,783	$ 2,530,383	$ 79,866,572

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the Year Ended March 31, 2016

Cash Provided by (used in)	Operating Fund		Restricted Funds			
	2016	2015 (Note 9)	Capital Fund	Community Trust Fund	Total 2016	Total 2015 (Note 9)
	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 1,942,785	1,670,254	(4,000,699)	(151,848)	(4,152,547)	9,825,536
Amortization of Capital Assets	-	-	4,287,210	-	4,287,210	4,348,199
Loss (Gain) on Disposal of Capital Assets	-	-	(2,200)	-	(2,200)	-
Net change in non-cash working capital						
Saskatchewan Health - General Fund	(606,183)	3,476,672	(215)	-	(215)	571,522
Accounts Receivable - Interfund	(355,998)	89,040	-	355,998	355,998	(89,040)
Accounts Receivable - Other	393,158	(191,137)	930,612	7,723	938,335	310,178
Inventories	(14,690)	79,869	-	-	-	-
Prepaid Expenses	715,713	(756,202)	-	-	-	-
Accounts Payable	(475,435)	851,815	277,263	-	277,263	(7,486,915)
Accrued Salaries and Benefits	2,801,418	(2,543,217)	-	-	-	-
Accrued Vacation	100,569	464,083	-	-	-	-
Deferred Contributions	(468,804)	(20,229)	-	-	-	-
Employee future benefits	42,000	2,900				
	4,074,533	3,123,848	1,491,971	211,873	1,703,844	7,479,480
Purchase of Capital Assets	-	-	(2,385,668)	-	(2,385,668)	(10,812,981)
Proceeds from sale of Capital Assets	-	-	-	-	-	-
Net change in Restricted Cash and Investments	2,091	428	-	-	-	-
Purchase of Investments	(288)	(565)	-	-	-	-
Proceeds from Investments	-	-	-	-	-	(307)
Proceeds from Loan Receivable	-	-	-	-	-	-
	1,803	(137)	(2,385,668)	-	(2,385,668)	(10,813,288)
Repayment of Debt	-	-	(547,456)	-	(547,456)	(588,342)
Proceeds from Capital Lease	-	-	282,645	-	282,645	
	-	-	(264,811)	-	(264,811)	(588,342)
Net increase (decrease) in Cash Flow	**$ 4,076,336**	**3,123,711**	**(1,158,508)**	**211,873**	**(946,635)**	**(3,922,150)**
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 9,413,420	7,574,539	4,844,909	2,572,878	7,417,787	10,055,107
Interfund Transfers (Note 15)	(1,124,402)	(1,284,830)	1,273,014	(148,612)	1,124,402	1,284,830
Net increase (decrease) in Cash Flow	4,076,336	3,123,711	(1,158,508)	211,873	(946,635)	(3,922,150)
Balance at end of year	**$ 12,365,354**	**9,413,420**	**4,959,415**	**2,636,139**	**7,595,554**	**7,417,787**
Balance at end of year is comprised of:						
Cash and Cash Equivalents	12,365,354	9,413,420	4,959,415	1,395,739	6,355,154	6,197,787
Short Term Investments	-	-	-	1,240,400	1,240,400	1,220,000
Cash and Short Term Investments (Schedule 2)	**$ 12,365,354**	**9,413,420**	**4,959,415**	**2,636,139**	**7,595,554**	**7,417,787**
Supplementary Cash Flow Information						
Interest Paid	**$ -**	**-**	**134,252**	**-**	**134,252**	**150,288**

(See accompanying notes)

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. SCRHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations (HCO)

i) SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Stoughton Ambulance
Supreme Ambulance

Note 13 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	*Non-profit Corporations Act of Saskatchewan, 1977*
Radville Marian Health Centre	*Non-profit Corporations Act of Saskatchewan, 1977*
The Border-line Housing Company (1975) Ltd.	*Non-profit Corporations Act of Saskatchewan, 1977*

SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into SCRHA financial statements. Alternatively, Note 13 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within SCRHA, there are several foundations that raise money for the benefit of SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 13 b) iii) provides supplementary information regarding the donations received from the foundations.

2. Significant Accounting Policies - continued

b) Fund Accounting

The accounts of SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

2. Significant Accounting Policies - continued

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Employee future benefits

i) Pension plan:

Employees of SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, SCRHA expenses all contributions it is required to make in the year.

ii) Disability income plan

Employees of SCHRA participate in several disability income plans to provide wage-loss insurance due to disability. SCHRA follows post-employment benefits accounting for its participation in the plans. Accordingly, SCHRA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

SCHRA provides sick leave benefits for employees that accumulate but do not vest. SCHRA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations as incurred. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2016 (2015 – none), SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

2. Significant Accounting Policies - continued

j) Replacement Reserves

SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2016			*2015*
	Cost	Accumulated Amortization	Net	Net
Land	$ 677,154		$ 677,154	$ 677,154
Land Improvements	979,377	757,939	221,438	121,826
Leasehold Improvements	765,796	376,189	389,607	445,273
Buildings	132,110,250	45,192,157	86,918,093	88,982,010
Equipment	18,809,374	14,987,746	3,821,628	3,955,554
Construction in progress	36,143	-	36,143	-
Under Capital Lease: Equipment	289,096	62,980	226,116	7,704
	$ 153,667,190	$ 61,377,011	$ 92,290,179	$ 94,189,521

Buildings includes the cost of $22,494,464 with a net book value of $21,374,334 related to the Radville Marion Health Centre building that was constructed under a funding agreement with the Province, by the Authority. The facility is operated by Radville Marion Health Centre Inc. under an agreement with the Authority.

In order to dispose of the property connected with the replaced and vacated health centre building in Kipling, SCRHA expects to incur costs in the future for building demolition. The amount and funding of such costs have yet been determined and will be reported in the period incurred.

4. Contractual obligations

a) Capital Asset Acquisitions

At March 31, 2016, the commitments for acquisition of capital assets were $107,847 (2015 - $56,316).

b) Capital Infrastructure Projects

At March 31, 2016 the commitments for specific capital infrastructure projects were $1,987,974 (2015 - $3,408,599).

c) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2017	$ 237,588
2018	$ 242,229
2019	$ 231,283
2020	$ 197,440
2021	$ 18,671

4. Contractual Obligations - continued

d) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Total
Interest rate	0.88%	5.38%	
Expiry date	Jun. 1, 2016	Sep.30, 2020	
2017	$ 6,908	63,668	$ 70,576
2018	-	63,668	63,668
2019	-	63,668	63,668
2020	-	63,668	63,668
2021	-	31,834	31,834
Total minimum lease payments	6,908	286,506	293,414
Amount representing interest	(10)	(32,556)	(32,566)
Balance of the obligation	6,898	253,950	260,848
Less: Current Portion	(6,898)	(51,259)	(58,157)
	$ -	$ 202,691	$ 202,691

e) Contracted Health Service Operators

SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in SCRHA similar to those provided in the year ending March 31, 2015. Note 13 b) i) provides supplementary information on Health Care Organizations.

5. Patient and Resident Trust Accounts

SCRHA administers funds held in trust for patients and residents using SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are $51,623 (2015 - $52,452).

6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2016	2015
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of -.014%. Mortgage renewal date - August 1, 2016	$ 505,869	$ 590,470
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	37,999	47,830
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$6,648 principal & interest Mortgage renewal date - August 1, 2016	6,568	21,735
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	44,085	48,969
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	247,348	261,737
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of -2.439%. Mortgage renewal date - August 1, 2016	423,879	548,750
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	18,217	35,480
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	25,548	34,797
Fillmore Health Centre CMHC, due October 1, 2022	1.010%	$39,124 principal & interest Mortgage renewal date - February 1, 2021	249,093	281,478
Gainsborough Health Centre CMHC, due June 1, 2022	1.010%	$37,436 principal & interest Mortgage Renewal - February 1, 2021	226,659	257,920
Lampman Health Centre CMHC, due September 1, 2021	1.010%	$60,865 principal & interest Mortage Renewal - February 1, 2021	325,500	377,327
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	14,948	22,512
Wawota Deerview Lodge CMHC, due December 1, 2020	2.110%	$98,796 principal & interest in which $1,093 is subsidized by SHC. Yielding an effective interest rate of 1.920%. Mortgage renewal date - January 1, 2019	446,241	534,626
			$ 2,571,954	$ 3,063,631
		Less: Current Portion	$ 502,090	$ 489,292
			$ 2,069,864	$ 2,574,339

6. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years and thereafter are estimated as follows:

2017	526,846
2018	518,158
2019	523,252
2020	389,406
2021	358,205
2021 and thereafter	256,087

7. Volunteer Services

The operations of SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

8. Budget

The SCRHA Board approved the 2015-2016 budget on May 27, 2015.

9. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

10. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 to 2016-17.

11. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016, a tentative four-year agreement had been signed and was ratified on April 20, 2016. The Health Sciences Association of Saskatchewan (HSAS) is in effect until March 31, 2018. The Canadian Union of Public Employees contract is in effect until March 31, 2017.

12. Deferred Revenue

At March 31, 2016	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 4,425	$ 4,425	$ -	$ -
Oral Health Strategy	18,716	10,268	69,133	77,581
Endoscopy Software	13,886	13,886	-	-
Urgent Care Funding	140,114	106,464	-	33,650
Cataract Funding	22,784	-	150,000	172,784
Compensation	487,469	487,469	-	-
Approved Home Operator	-	-	4,250	4,250
LEW Pathway Capacity	-	-	500	500
SIPPA	-	39,320	53,618	14,298
Total Sask Health Initiatives	**$ 687,394**	**$ 661,832**	**$ 277,501**	**$ 303,063**
Other Government of Sask Initiatives				
SUN Recruitment & Retention	$ 155,322	$ -	$ -	$ 155,322
Total Other Government of Sask Initiatives	**$ 155,322**	**$ -**	**$ -**	**$ 155,322**
Non-Government of Sask Initiatives				
Other Revenue received in advance	806,037	293,704	209,230	721,563
Total Non-Government of Sask Initiatives	**$ 806,037**	**$ 293,704**	**$ 209,230**	**$ 721,563**
Total Deferred Revenue	$ 1,648,753	$ 955,536	$ 486,731	$ 1,179,948

13. Related Parties

These financial statements include transactions with related parties. SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party balances greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2016	2015 (Note 9)
Revenues		
Ministry of Health	$ 1,314,479	$ 1,346,673
Saskatchewan Government Insurance	95,882	107,672
Workers' Compensation Board	256,361	295,906
	$ 1,666,722	$ 1,750,251
Expenses		
Canadian Mental Health Association	$ 131,332	$ 132,475
eHealth Saskatchewan	1,557,879	497,133
Fillmore Ambulance	78,180	73,260
Provincial Public Safety Telecommunications Network	77,201	60,424
Public Employees Pension Plan	145,268	313,021
Radville Marian Health Centre	3,300,974	3,446,140
Regina Qu'Appelle Health Region	249,060	161,804
3SHealth	5,730,249	5,681,034
Saskatchewan Health Employees Pension Plan	12,238,583	12,176,789
Saskatchewan Power Corporation	1,445,968	1,303,321
Saskatchewan Property Management	757,067	857,510
Saskatchewan Telecommunications	660,942	753,767
SaskEnergy Incorporated	577,068	697,005
SMILE Services Inc.	61,757	65,886
St. Joseph's Hospital	19,168,074	18,323,368
Supreme Ambulance (Carlyle)	402,283	397,755
The Border-line Housing Company (1975) Ltd	2,277,972	2,011,238
Weyburn Group Home Society	330,014	355,945
Workers' Compensation Board	735,593	2,016,583
	$ 49,925,464	$ 49,324,458

13. a) Related Party Transactions - continued

	2016	2015
Accounts Receivable		
Borderline Housing	$ -	$ 58,762
Ministry of Health	191,287	103,663
Radville Marian Health Centre	-	62,584
St. Joseph's Hospital	-	216,241
Saskatchewan Association of Health Organizations	-	136,060
Workers' Compensation Board	-	106,079
	$ 191,287	$ 683,389
Prepaid Expenses		
Workers' Compensation Board	$ -	$ 710,285
	$ -	$ 710,285
Accounts Payable		
3SHealth	$ 210,319	$ 262,200
Borderline Housing	-	54,250
eHealth Saskatchewan	385,040	362,552
Regina Qu'Appelle Health Region	75,365	-
Saskatchewan Health Employees Pension Plan	893,664	903,159
Saskatchewan Telecommunications	99,984	33,186
Saskatchewan Power Corporation	94,649	59,520
Saskatchewan Property Management	100,345	121,329
SaskEnergy Incorporated	54,532	90,093
St. Joseph's Hospital	150,770	284,197
	$ 2,064,668	$ 2,170,486

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, SCRHA provided the following amounts to healthcare organizations.

	2016	2015
Canadian Mental Health Association	$ 129,032	$ 127,754
Fillmore Ambulance	73,260	73,260
SMILE Services Inc.	61,757	61,146
Supreme Ambulance (Carlyle)	397,755	397,755
Stoughton Ambulance	36,000	36,000
Weyburn Group Home Society Inc.	294,344	291,029
	$ 992,148	$ 986,944

13. b) Health Care Organizations - continued

ii) Affiliates

The Act makes SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by SCRHA. SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2016	*2015 (Note 9)*
St. Joseph's Hospital	$ 18,352,500	$ 17,583,904
Radville Marian Health Centre	3,329,855	3,446,140
The Border-line Housing Company (1975) Ltd.	1,857,246	2,011,238
Total	$ 23,539,601	$ 23,041,282

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2016 and 2015 and for the years then ended:

	2016	*2015 (Note 9)*
Balance Sheet		
Assets	$ 4,640,343	$ 4,736,267
Net Capital Assets	22,487,006	21,975,912
Total Assets	$ 27,127,349	$ 26,712,179
Total Liabilities	5,956,011	5,713,006
Total Net Assets	21,171,338	20,999,173
Total Liabilities and Net Assets	$ 27,127,349	$ 26,712,179
Results of Operations and Fund Balances		
SCRHA Grant	$ 23,229,436	$ 23,035,040
Other Revenue	6,523,438	5,685,316
Total Revenue	$ 29,752,874	$ 28,720,356
Salaries & Benefits	21,665,572	22,199,315
Other Expenses *	7,915,136	7,413,266
Total Expenses	$ 29,580,708	$ 29,612,581
Excess (Deficiency) Revenue over Expenses	$ 172,166	$ (892,225)
Cash Flows		
Cash from Operations	$ 2,593,927	$ 980,554
Cash provided by (used in) Financing Activities	(139,318)	(122,139)
Cash provided by (used in) Investing Activities *	(2,236,908)	(415,673)
Increase (Decrease) in Cash	$ 217,701	$ 442,742

* Other Expenses includes amortization of $1,725,814 (2015 - $1,627,625)

* Cash used in Investing Activities includes capital purchases of $2,943,276 (2015- $415,673)

13. b) Health Care Organizations - continued

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by SCRHA for specific purposes. The foundation's total expenses include the following contributions to SCRHA.

	2016	2015
Redvers & District Community Health Foundation Inc.	$ 53,074	$ 68,870
Radville & District Health Centre Foundation Inc.	$ 160,646	$ 928,883
Coronach and Area Health Care Foundation	$ 3,176	$ -
Kipling District Health Foundation Inc.	$ 59,223	$ 4,094,159
Moose Mountain Lodge Foundation Inc.	$ 18,606	$ -

14. **Employee future benefits**

a) Employees of SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3S Health) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the Saskatchewan Association of Health Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to SCRHA contribution amount below.

	2016			2015
	SHEPP	PEPP	Total	Total
Number of active members	1,562	15	1,577	1,579
Member contribution rate, percentage of salary	8.1 - 10.7 % *	5 - 7 %*		
SCRHA contribution rate, percentage of salary	9.07 - 11.98 % *	6 - 7 %*		
Member contributions (thousands of dollars)	5,775	71	5,846	5,816
SCRHA contributions (thousands of dollars)	6,468	72	6,540	6,506

*Contributions rate varies based on employee group.

1. Active members are employees of the SCRHA, including those on leave of absence as of March 31, 2016. Inactive members are not reported by the SCRHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratios of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

14. Employee future benefits - continued

b) Disability Income Plans

Employees of SCHRA participate in one of the following disability income plans, administered by 3sHealth:

1. CUPE established in 1975 – affiliated with the Canadian Union of Public Employees
2. General established in 1975
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

SCHRA's financial obligation to these plans is limited to making the required payments to these plans according to the applicable agreements. Disability expense is included in Compensation – Benefits in Schedule 1 and is equal to the SCHR Contributions amount below:

	2016				2015
	CUPE	General	SUN	Total	Total
Number of active members	1092	203	292	1587	1294
Member Contribution rate, percentage of salary	1.61%	.60% - .65%	0.76%		
SCHRA Contribution Rate, percentage of salary	1.61%	.65% - .70%	0.90%		
Member Contributions (thousands of dollars)	609,738	101,336	146,650	857,724	949,709
SCRHA Contributions (thousands of dollars)	609,738	109,542	172,154	891,434	988,679

*Contribution rate varies.

c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. SCHRA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2016	2015
Discount Rate	1.90%	1.90%
Rate of inflation	0% - 2 %	0% - 2 %
(other significant assumptions as per actuarial valuation)		

	2016	2015
Accrued benefit obligation, beginning of year	$ 3,656,900	$ 3,654,000
Cost for the year		
Interest Expense	75,400	106,400
Other	549,800	495,900
Benefits paid during the year	(583,200)	(599,400)
Accrued benefit obligation, end of year	$ 3,698,900	$ 3,656,900

15. Interfund Transfers

Each year SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2016			2015		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (498,876)	$ 622,488	$ (123,612)	$ (760,452)	$ 810,932	$ (50,480)
Mortgage principle & interest	(525,526)	525,526		(526,062)	526,062	-
SHC reserves - Allocation	(105,448)	105,448		(105,448)	105,448	-
SHC reserves - R & M	105,448	(105,448)		157,133	(157,133)	-
EMS Vehicle Allocation	(100,000)	125,000	(25,000)	(50,000)	75,000	(25,000)
	$ (1,124,402)	$ 1,273,014	$ (148,612)	$ (1,284,829)	$ 1,360,309	$ (75,480)

16. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

SCRHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that SCHRA has identified its major risks and ensures that management monitors and controls them. The Board oversees the SCHRA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. SCRHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2016	2015
Cash and short-term investments	$ 19,964,097	$ 16,836,487
Accounts receivable		
Ministry of Health - General Revenue Fund	784,813	178,415
Other	2,296,274	3,627,767
Investments	20,378	20,090
	$ 23,065,562	$ 20,662,759

SCHRA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. SCHRA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

16. Financial Instruments - continued

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect SCRHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

SCHRA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of SCHRA. SCRHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose SCHRA to cash flow interest rate risk. SCHRA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. SCRHA's mortgages payable outstanding as at March 31, 2016 and 2015 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk:

Liquidity risk is the risk that SCHRA will not be able to meet its financial obligations as they become due.

SCHRA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016 SCRHA has a cash balance of $19,960,908 (2015 - $16,831,207).

f) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Accounts receivable
  Interfund loan
  Accounts payable
  Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable before the repayment required within one year, is $2,601,856 (2015 - $3,201,905) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

16. Financial Instruments - continued

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investment, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For the financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgement and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were not items measured at fair value using level 3 in 2016 or 2015.

There were no items transferred between levels in 2016 or 2015.

	2016			2015		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ 1,835,328	$ -	$ 1,835,328	$ 1,812,418	$ -	$ 1,812,418
Mortgages payable	$ -	$ 2,069,864	$ 2,069,864	$ -	$ 2,574,339	$ 2,574,339

g) Operating Line of Credit

SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2016 and 2015.

17. Prior Period Error

Adjustment to the Accumulated Surplus/Deficit

SCRHA and the Ministry of Health signed a co-ownership agreement on January 30, 2013 to construct a Kipling Integrated Health Centre (KIHC) to be co-owned by both parties. The SCRHA has been accounting for its 27.80% share of KIHC. These financial statements reflect 100% of the KIHC accounted for retroactively. Comparative figures have been restated and the opening accumulated surplus has been increased by $17,464,941.

17. Prior Period Error - continued

At April 1, 2014, these financial statements were adjusted as follows:

	2015 Previously reported	2015 Adjustments	2015 Restated
Assets			
Capital Assets	$ 77,300,219	$ 16,889,302	$ 94,189,521
Total Assets	$ 77,300,219	$ 16,889,302	$ 94,189,521
Liabilities and Fund Balances			
Accounts Payable	$ 654,821	$ (575,639)	$ 79,182
Investment in capital assets	73,547,785	17,464,941	91,012,726
Total Liabilities and Fund Balances	$ 74,202,606	$ 16,889,302	$ 91,091,908
Revenues			
Ministry of Health - GRF	$ 5,513,906	$ 5,017,700	$ 10,531,606
Total Revenues	$ 5,513,906	$ 5,017,700	$ 10,531,606
Expenses			
Amortization expense	$ 3,915,140	$ 433,059	$ 4,348,199
Total Expenses	$ 3,915,140	$ 433,059	$ 4,348,199

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the Year Ended March 31, 2016

Schedule 1

Schedule of Expenses by Object

	Budget 2016 (Note 8)	Actual 2016	Actual 2015 (Note 9)
Operating:			
Advertising & public relations	$ 144,796	142,517	134,115
Board costs	106,789	52,552	68,301
Compensation - Benefits	17,720,036	17,690,044	16,711,354
Compensation - Employee Future Benefits	-	2,900	2,900
Compensation - Salaries	86,487,909	87,439,610	84,119,678
Continuing education fees & materials	261,022	226,704	300,130
Contracted-out services - Other	1,275,893	1,435,678	986,229
Diagnostic imaging supplies	10,375	12,943	10,114
Dietary supplies	129,250	142,828	159,586
Drugs	437,975	433,019	409,408
Food	1,417,816	1,533,750	1,482,400
Grants to ambulance services	521,015	507,015	507,015
Grants to health care organizations & affiliates	22,665,585	23,232,889	23,242,157
Housekeeping & laundry supplies	308,544	316,959	329,415
Information technology contracts	602,239	493,089	644,632
Insurance	372,386	527,647	407,522
Interest	11,847	15,087	17,453
Laboratory supplies	621,356	566,043	603,979
Medical & surgical supplies	1,702,757	1,841,039	1,741,161
Medical remuneration & benefits	7,220,637	6,985,112	6,728,150
Meetings	37,556	74,586	67,457
Office supplies & other office costs	921,220	875,217	1,030,264
Other	331,452	288,019	414,746
Professional fees	1,973,584	2,184,021	2,575,363
Prosthetics	-	-	-
Purchased salaries	712,440	731,829	645,324
Rent/lease/purchase costs	856,803	1,228,091	1,260,733
Repairs & maintenance	1,680,671	2,894,908	2,861,494
Supplies - Other	298,133	321,648	308,654
Therapeutic supplies	74,274	90,862	76,789
Travel	1,536,410	1,448,152	1,603,628
Utilities	1,948,608	2,249,581	2,248,572
Total Operating Expenses	**$ 152,389,378**	**155,984,339**	**151,698,723**
Restricted:			
Amortization of Capital Assets		$ 4,287,210	4,348,199
Grants to Third Parties		791,845	279,054
(Gain) Loss on Disposal of Capital Assets		(2,200)	
Mortgage Interest Expense		130,184	148,278
Other		916,710	594,403
		$ 6,123,749	**5,369,934**

(See accompanying notes)

Schedule 2

Schedule of Cash and Investments

	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS				
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Affinity Credit Union	$ 3,905,237			
Conexus Credit Union	657,277			
CIBC	-			
Prairie Pride Credit Union	317,024			
RBC Investment Account	64,716			
Royal Bank - Money Maker Plus	29,746			
Royal Bank	41,553			
	$ 5,015,553			
Term Deposit				
Conexus Credit Union	$ 1,040,400	April 29, 2016	1.150%	1.150%
Prairie Pride Credit Union - Term Certificates	200,000	August 20, 2016	1.800%	1.800%
	$ 1,240,400			
Total Cash & Short Term Investments	$ 6,255,953			
Long Term				
Conexus Credit Union - equity	$ 2,660			
Total Long Term Investments	$ 2,660			
Total Externally Restricted Investments	$ 6,258,613			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 120,714			
Affinity Credit Union	1,222,076			
Total Cash & Short Term Internally Restricted Investments	$ 1,342,790			
Unrestricted Investments				
Cash and Short Term				
Affinity Credit Union	11,864,888			
CIBC Money Market Fund	500,466			
Total Cash & Short Term Investments	$ 12,365,354			
Long Term				
Co-op Equity	17,718			
Total Unrestricted Investments	$ 12,383,072			
Total Investments	$ 19,984,475			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 19,964,097			
Total Long Term	$ 20,378			
Total Investments	$ 19,984,475			

*Restricted Investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and

- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

(See accompanying notes)

Schedule 3

Schedule of Externally Restricted Funds

Community Trust Fund

Trust Name		Balance Start of Year (Note 9)	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Fillmore Area Trust Fund	$	136,157	54		(196)		136,015
Gainsborough Area Trust Fund		518,820	6,039	5,452	(6,169)	(5,228)	518,914
Lampman Area Trust Fund		108,795	37	10,512	(18,440)		100,904
Midale Area Trust Fund		1,572,532	16,824	105,013	(315,088)	(25,000)	1,354,281
Oxbow Area Trust Fund		194,079	105	70,634	(26,625)	(118,384)	119,809
	$	**2,530,383**	**23,059**	**191,611**	**(366,518)**	**(148,612)**	**2,229,923**

Capital Fund Balances

		Balance Start of Year (Note 9)	Investment & Other Revenue	Capital Funding & Donations	Expenses	Transfer to Investment in Capital Fund	Balance End of Year
Arcola Health Centre	$	13,093	24	-	(13,117)	-	0
Ministry of Health Capital Funding (Note 4)		3,464,915		405,000	(1,774,094)	-	2,095,821
Ministry of Health New Construction Funding (Note 4)		795,431	2,048	206,204	(606,706)	-	396,977
Moose Mountain Lodge		20,107	110	-	-	-	20,217
Weyburn General Hospital Building		697,171	3,809	8,190	-	-	709,170
Weyburn General Hospital Equipment		391,446	1,796	22,000	(183,712)	-	231,530
Other communities		23,953	214	205,523	(176,664)		53,026
Other communities -Buildings		94,839		243,127	(159,142)	-	178,824
	$	**5,500,955**	**8,001**	**1,090,044**	**(2,913,435)**	**-**	**3,685,565**

(See accompanying notes)

Schedule 4

Schedule of Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ -		6,540	(6,540)	-	-
Weyburn Special Care Home	-		44,968	(44,968)	-	-
Estevan Regional Nursing Home	-		15,500	(15,500)	-	-
Newhope Pioneer Lodge	-		10,000	(10,000)	-	-
Wawota Deerview Lodge	-		7,745	(7,745)	-	-
Carlyle Moose Mountain Lodge	-		8,235	(8,235)	-	-
Kipling Willowdale Lodge	-		6,500	(6,500)	-	-
Redvers Centennial Haven	-		6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	-		125,000	(125,000)	-	-
Capital Acquisitions	340,102	609	1,034,553	(35,663)	-	1,339,601
Total Capital Internally Restricted Fund Balances	**340,102**	**609**	**1,265,041**	**(266,151)**	-	**1,339,601**
Operating Internally Restricted Fund Balances						
Quality Workplace	5,280	57	-	(2,148)	-	3,189
Total Operating Internally Restricted Fund Balances	**5,280**	**57**	-	**(2,148)**	-	**3,189**
Total Internally Restricted Fund Balances	$ **345,382**	**666**	**1,265,041**	**(268,299)**	-	**1,342,790**

Emergency Medical Services Vehicles

The SCRHA internally restricts $100,000 (2015 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2015 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

Schedule 5

Board Member Remuneration

Board Members	March 31, 2016 Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2016 Total	March 31, 2015 2015 Total
Arthur, Alan J.							$ -	$ 2,659
Bauche, Sharon R.							-	448
Brickley, Robert		1,400	663	925			2,988	3,768
Carr, Lori							-	9,194
Charlton, Marilyn (Chair)	9,960	8,344	3,019	2,787		882	24,992	25,979
Garnier, Marilynn (Vice Chair)		1,263	988	1,432		30	3,713	-
Rodine, Derrell		3,250	1,200	1,098			5,548	8,325
Romaniuk, Brian		1,021	522	830		6	2,379	-
Rosengren, Leigh		1,050	225	545			1,820	-
Setrum, Murray		600	325	593			1,518	-
St. Onge, Gary		2,438	825	965			4,228	6,915
Stephenson, Karen		3,663	425	408		47	4,543	8,047
Trombley, Audrey		1,013	325	452			1,790	4,053
Total	$ 9,960	$ 24,042	$ 8,517	$ 10,035	$ -	$ 965	$ 53,519	$ 69,388

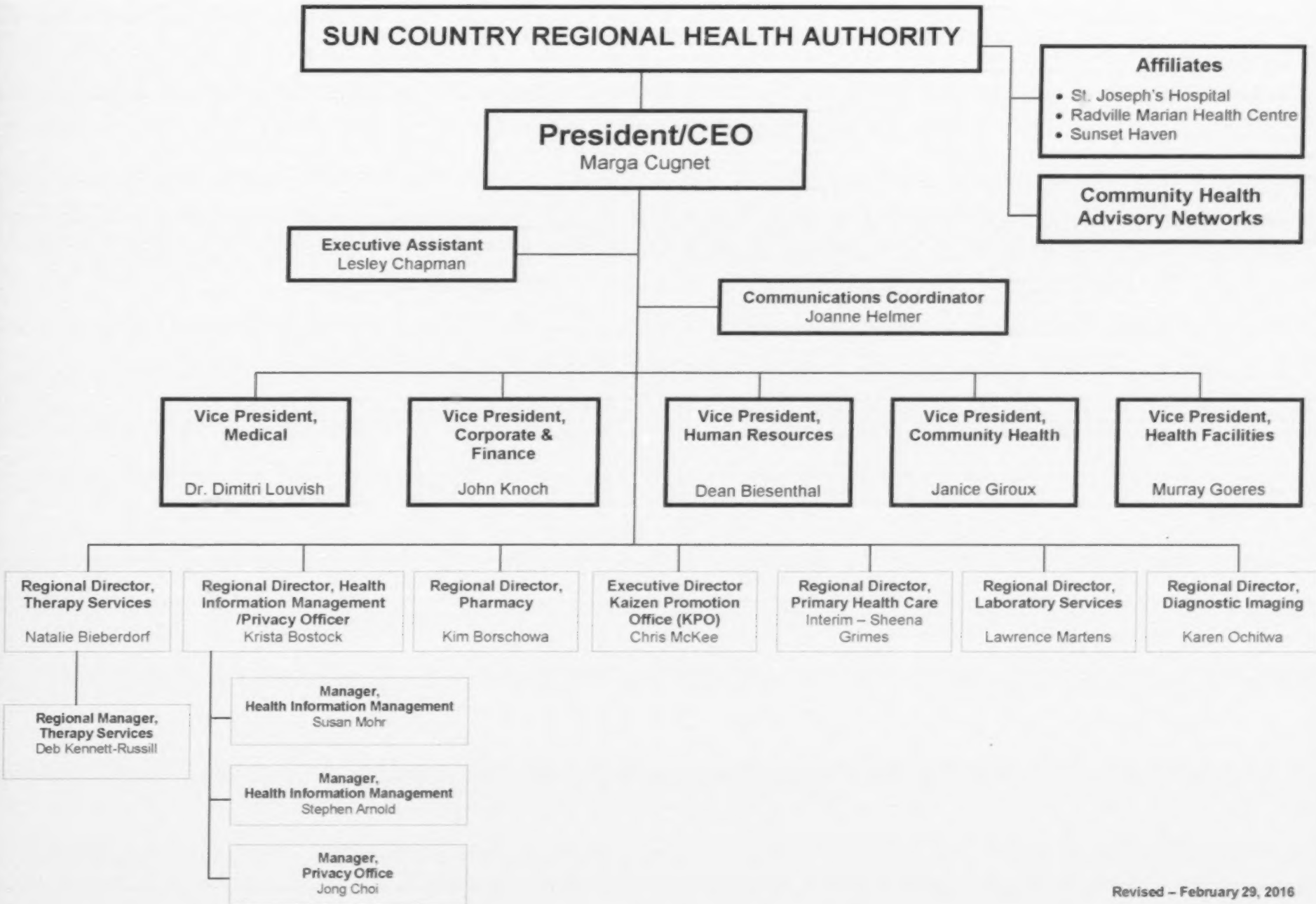
Senior Management Salaries, Benefits, Allowances, and Severance

Senior Employees	March 31, 2016 Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Total	March 31, 2015 Salaries, Benefits & Allowances	Severance	Total
Marga Cugnet, CEO	300,500	-	300,500	-	300,500	273,290	-	273,290
John Knoch, VP Finance & Corporate Services	196,217	-	196,217	-	196,217	178,825	-	178,825
Janice Giroux, VP Community Programs	195,892	-	195,892	-	195,892	179,798	-	179,798
Dean Biesenthal, VP Human Resources (3)	28,010	-	28,010	-	28,010	-	-	-
Christopher Cecchini, VP Human Resources (3)	72,483	-	72,483	-	72,483	87,720		87,720
Don Ehman, VP Human Resources (3)	-	-	-	-	-	86,399	-	86,399
Murray Goeres, VP of Facilities	196,217	810	197,027	-	197,027	180,278	-	180,278
	$ 989,319	$ 810	$ 990,129	$ -	$ 990,129	$ 986,310	$ -	$ 986,310

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 years. Senior employees will receive 100% of their base salary for 2014-15 and 2015-16. For further details refer to Note 10.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.

(3) Dean Biesenthal started as VP Human Resources February 1, 2016 replacing Christopher Cecchini, who resigned effective Aug 23, 2015. Christopher Cecchini started as VP Human Resources August 18, 2014, replacing Don Ehman, who resigned effective May 16, 2014.


SUN COUNTRY REGIONAL HEALTH AUTHORITY
Affiliates
• St. Joseph's Hospital
• Radville Marian Health Centre
• Sunset Haven
President/CEO
Marga Cugnet
Community Health Advisory Networks
Executive Assistant
Lesley Chapman
Communications Coordinator
Joanne Helmer
Vice President, Medical
Dr. Dimitri Louvish
Vice President, Corporate & Finance
John Knoch
Vice President, Human Resources
Dean Biesenthal
Vice President, Community Health
Janice Giroux
Vice President, Health Facilities
Murray Goeres
Regional Director, Therapy Services
Natalie Bieberdorf
Regional Director, Health Information Management /Privacy Officer
Krista Bostock
Regional Director, Pharmacy
Kim Borschowa
Executive Director Kaizen Promotion Office (KPO)
Chris McKee
Regional Director, Primary Health Care
Interim – Sheena Grimes
Regional Director, Laboratory Services
Lawrence Martens
Regional Director, Diagnostic Imaging
Karen Ochitwa
Regional Manager, Therapy Services
Deb Kennett-Russill
Manager, Health Information Management
Susan Mohr
Manager, Health Information Management
Stephen Arnold
Manager, Privacy Office
Jong Choi
Revised – February 29, 2016

Appendix 2

Sun Country Regional Health Authority
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

ABBOTT, LISA	61,897
ABU LIBDA, WALEED	84,829
ACHEN, SHEILA	51,834
ADEDIJI, TEMILADE	69,136
AKINS, JOCELYN	72,129
AKINS, SHENAN	113,206
ALBERTS, JANET	54,419
ALEJO, ELNA	50,210
ALELUNAS, PAT	111,817
ALEXANDER, DEVONN	70,917
ALEXUS, SHANNON	94,242
ANDERSON, CAROL	76,715
ANDERSON, KAREN	51,603
ANDERSON, TROY	78,117
ANDRYCHUK, ARIAL	51,965
APPERLEY, RACHELLE	82,060
ARNOLD, STEPHEN	82,111
ASH, TAMARA	55,893
ASHWORTH, CHRISTINE	60,371
AVERY, SHELLEY	74,559
BABYAK, BRITTANY	58,711
BADOY, JEROME	59,355
BAKALUK, RANDALL	77,072
BALOG, KIMBERLY	103,799
BALOG, KRISTIN	102,338
BARATH, TERRI	85,021
BARDSLEY, GEORDAN	110,984
BARNABAS, IDA	123,481
BARTLETT, DELEE	92,128
BATTERS, SHARON	83,327
BAUMAN, SHAUNA	57,824
BAUMANN, SHAUNA	105,143
BAUN, SHERI	77,166
BEATTIE, KELLY	105,145
BEAUDOIN, TRINA	93,075
BEDORE, AMANDA	69,810
BEDORE, TRACY	74,331
BELIVEAU MAAS, KAREN	53,890
BELKE, BRADLEY	108,104
BENDER, RO	54,880
BENJAMIN, DANIELLE	87,567
BERKNER, KATELYN	69,414
BERLING, KYMBERLY	74,929
BIEBERDORF, NATALIE	108,351
BIESENTHAL, TRACI	55,599
BIRCH, JASMINE	79,727
BIRNIE, ARLA	77,246
BLACKSTOCK, BERNIE	101,888
BODE, JEAN	95,022
BORSCHOWA, KIMBERLEY	114,138
BOSTOCK, KRISTA	94,097
BOURHIS, KAREN	54,472
BOURHIS, SUSAN	51,441
BOUTIN, FRANCES	57,808
BOUVIER, LAURA	73,075
BOYES, BROOKE	69,418
BRAZEAU, LYNDA	95,299
BROCK, JANETTE	61,578
BROWN, CAROL	76,693
BROWN, DIANNE	51,138
BROWN, JUDITH	79,504
BROWN, KELLY	101,659
BRUMFIELD, BARRY	75,703
BRUNEAU, LACEY	91,092
BRUNEAU, LOUISE	101,170
BUCHAN, TANYA	77,730
BUCKINGHAM, JOAN	80,253
BUE, ADAM	68,187
BUEHLER, SUSAN	52,763
BUMSTEAD, LARRY	65,209
BURDAN, EVAN	98,590
BURGESS, SUSAN	78,987
BURKE, SHAYNA	76,212
BURNETT, LORELEI	68,978
BYE, CANDY	113,135
CACHO, DENNIS	61,047
CACHO, MARTHA	53,295
CAMERON, VALERIE	75,814
CAMERON, WAYNE	50,192
CANCADE, AMANDA	69,388
CARLSON, RAQUEL	63,252
CASALMER, REA	50,608
CECCHINI, CHRISTOPHER	72,483
CELA, EVE	57,411
CHASE-BROOKS, KATRINA	57,747
CHICOINE, AMANDA	83,606
CHOI, JONG	71,819
CHURKO, CHERYL	61,071
CLARK, COLIN	57,625
CLARK, SUSAN	71,827
CLARKE, BRENDA	52,907
CLAUDE, MIKE	93,401
CLAY, DANA	110,706
COAD, SUSAN	52,207
COBB, LENORA	111,816
CODERRE, LORNA	53,064
CODERRE, TERRI	52,514
COFFEY, LOIS	110,820

COMIA, JHESUSA	52,899
CONRAD, DIANA	53,796
COONEY, KELSEY	53,219
COONEY, KRISTINE	85,279
CORLEY, ROSY	58,803
CORNISH, KEVIN	53,645
CORNISH, MARNELL	106,716
COTE, VANESSA	53,940
CRAIG, LORIE	88,507
CRASSWELLER, PATRICIA	98,511
CROSS, GLENDA	58,063
CROSS, KENNETH	31,983
CROSS, SHANNON	106,715
CUGNET, DOUG	53,782
CUGNET, MARGARET	300,500
CUTLER, ALYSSA	66,521
DACIO, CHRISTA	50,796
DAENCKAERT, VERONICA	75,812
DAKU, JEAN	127,165
DAMMANN, MARIE	50,233
DANYLUK, SYLVIA	110,658
DASCHUK, ERICA	81,569
DAVIS, BOBBI JO	77,284
DAVIS, CATHERINE	78,380
DAVIS, DONNA	84,210
DAVIS, KATHY	106,781
DAY, CARMEN	99,053
DAYMAN, MONICA	105,474
DEBNAM, JAKLYNN	70,670
DELA CRUZ, GLENY	102,021
DERAIN, GINA	54,731
DEREN, MARY	76,897
DEROOSE, JUDITH	72,176
DEVRIES, MEGAN	57,630
DEW, HEATHER	71,654
DEWALD, LAURA	77,980
DEWIT, LYNDSAY	106,819
DICKIE, BARRY	50,772
DIXON, JEANNETTE	77,764
DOMES, DAWNE	71,083
DORSCH, HELENE	96,303
DROZARIO, CHRISTINE	128,482
DRUMM, JENNA	52,232
DSOUZA, LAVINA	71,120
DUFFUS, LINDA	112,145
DULTRA, ROSANA	51,381
DUMAINE, JANICE	51,623
DUNCAN, ALISON	99,473
DUSYK, LISA	82,981
DYCK, DAVID	82,640
DYKE, TAYLOR	64,505
DZUBA, BONNIE	65,396
EAGLES, MARNELL	52,095
EALEY, PAULA	77,405
EARL, SHAUNA	68,586
EASTON, COLLEEN	138,047
EBEL, JANET	64,098
EBERLE, BRADEN	65,153
ECKEL, KWYN	50,896
EDDY, CHARLES	94,110
EDWARDS, MELANIE	74,693
EHR, DAYLE	67,213
ELDER, BONNIE	50,283
ELIAS WHITE, JENNIFER	107,313
FAHLMAN, RANDAL	52,811
FARNDEN, JOANNE	110,971
FARRELL, NANCY	93,927
FEDAK, STEPHANIE	89,561
FERGUSON, MARILYN	78,549
FESZCZYN, AMIE	74,218
FEWINGS, AMELIA	74,784
FICHTER, GLENDA	94,236
FICHTER, TAMARA	73,396
FINNEY, VALERIE	50,177
FISH, KELLY	93,105
FISTER, VALERIE	93,086
FITZPATRICK, JENNA	93,583
FLAATEN, ALAINA	75,595
FLEURY, CAROL	52,507
FLOREK, LISA	72,628
FLOYD, KAREN	65,505
FOLBAR, SHELLEY	58,065
FORD, NICOLA	93,043
FORNWALD, JUDITH	61,842
FORSETH, KARI	62,768
FRAZER, REJEANNE	61,379
FRECON, CHRISTA	67,917
FREEMAN, BRENDA	93,112
FREY, ANGELA	81,385
FURGASON, DEANDRA	89,554
GABRIEL, MAUREEN	101,974
GAETZ, KIMBERLY	64,827
GAMBLE, LESLIE	94,944
GAMMACK, M RUTH	53,705
GARAGAN, LISA	70,131
GARDOQUE, VILMA	53,502
GARVEY, CARON	84,294
GAUDRY, SUSAN	77,803
GECOSALA, CYNTHIA	109,748
GENT, ANGELA	53,066
GEORGE, DANIELLE	51,087
GERVAIS, ANGELA	56,202
GERVAIS, TAMMY	54,606
GERVERO, MAYSUNFE	113,991
GESSNER, KATHLEEN	72,388
GIBSON, SUZANNE	83,688
GILCHRIST, MICHELLE	78,614
GIRARDIN, THERESA	102,122
GIROUX, JANICE	195,892
GODENIR, PAULETTE	50,136
GOERES, MURRAY	196,217
GOLD, DAWN	69,638
GOODFELLOW, ERIN	63,469
GORDON, BRITTANY	104,419
GREENBANK, JENNIENE	84,239
GREENING, DIANE	52,457
GREENING, JEFFERY	104,495
GRIMES, SHEENA	97,461
GROENVELD, CLAYTON	90,462
GUENTHER, CRYSTAL	94,861
GYMAN, DEANNA	93,185
HAATVEDT, SHANNON	78,343
HACK, TRACY	90,635
HAGEL, AMANDA	86,311
HALE, KENDRA	80,474
HALLBERG, KARI	84,555
HAMILTON, SALLY	90,941
HAMMELL, LAURIE	101,793
HANSON, DANIELLE	51,991
HANSON, JUDY	61,507
HARTNESS, MELANIE	75,765
HASSLER, AMY	71,214
HASSLER, KARISSA	80,307
HAUGLUM, TERRY	106,397
HAUPSTEIN, PAMELA	52,642
HELFRICK, BARBARA	71,377
HELMER, JOANNE	83,950
HENDERSON, HEATHER	71,495
HENGEN, CARRIE	70,651

HENRION, LORRAINE	50,194
HERBERHOLZ HAGEL, KARLY	53,023
HERMAN, COLLEEN	77,952
HERMANN, HOLLEY	91,830
HERR, ILDIKO	67,527
HEWITT, PATRICIA	53,962
HIENTZ, BROOKELYN	54,875
HILL, CAROLINE	105,172
HILL, DAVID	93,165
HILL, G RONALD	73,473
HILL, JENNIFER	74,153
HILL, LAURIE	54,571
HILL, MARILYN	98,511
HIZON, MELISSA	106,875
HODGSON, HOLLY	104,771
HOFFART, DEANNA	82,710
HOFFART, RICHARD	54,509
HOFFART, SHELLEY	86,248
HOFLAND, TAMMY	115,420
HOIUM, CYNTHIA	106,433
HOIUM, FAYE	73,316
HOLTZ, STACEY	81,437
HOSTE, CRYSTAL	86,307
HOUSTON, NORA	83,126
HOWSE, KEITH	87,016
HUEL, TANIA	107,665
HUISH, HAYLEY	83,752
HUMPHRIES, CANDACE	55,500
HUTT, CHERYL	107,145
IRWIN, SARA	105,172
ISAAK, ZACHARY	71,990
ISLEIFSON, BERTHA	72,395
JENSEN, CHRISTOPHER	100,825
JENSEN, SHIRLEY	67,759
JENSEN, TRENT	76,032
JOHNER, JOANNE	59,987
JOHNSON, EILEEN	76,464
JOHNSON, JOANNE	84,797
JOHNSON, SANDY	76,452
JOHNSON HALLBERG, LISA	95,577
JONASSEN, LOUANNE	90,357
JONES, RICHELLE	88,522
JOSEPH, JITHU	89,476
JUNK, KARIN	50,303
KAPELL, TAMARA	69,912
KAVALENCH, VANESSA	65,682
KAYTOR, PATRICIA	53,885
KEATING, JOSELENE	76,538
KEHLER, ANITA	95,086
KENNETT RUSSILL, DEBRA	86,708
KETURAKIS, MARY JANE	79,954
KILBERG, DAVID	69,991
KINCAID, CORTNEY	57,684
KINGDON, STACI	74,644
KISH, TOMMI	78,623
KITCHEN, DONNA	79,986
KLEPPE, CRYSTAL	74,434
KLEPPE, LAURIE	69,484
KLIMCHUK, CALLIE	86,206
KNEBUSH, RAMONA	62,687
KNIBBS, DAWN	56,442
KNIBBS, RELNA	78,045
KNIGHT, HATSUE	74,306
KNOCH, JOHN	196,217
KNOX, JENNY	75,798
KNUDSON, TORI	84,691
KNUPP, DEBBIE	74,747
KOBITZ, SHEILA	80,926
KOPEC, BRYN	50,814
KOPEC, CANDACE	96,875
KORBO, TRINA	51,625
KRAEMER, ELAINE	74,522
KRAEMER, MAUREEN	91,045
KRUEGER, SHERYLANN	55,799
KUNTZ, BARB	56,628
KUNTZ, CORINNA	81,786
KWOCHKA, TAMMY	70,188
KYRYLCHUK, JUDY	102,158
LABATTE, JANA	75,798
LABRECQUE, STACI	54,953
LAFRENTZ, JORY	66,923
LAMOUREUX, DONNA	110,430
LANKTREE, CARRIE	69,462
LANSDELL, LANA	58,025
LARSEN, JULIE	65,790
LARSEN JAMES, NANCY	92,757
LARSON, JODY	76,307
LARSON, LORETTA	50,841
LAWRENCE, LEANNE	75,966
LAWTON, JANET	50,287
LEBERSBACK, MELISSA	79,542
LEBLANC, COURTNEY	59,839
LEBLANC, LEANNE	63,426
LEE, COLLEEN	75,677
LEE, MICHAEL	128,959
LESY, VAUNE	78,518
LISKA, MALORA	52,235
LITTLEMORE, JILL	79,835
LOCKE, KENDALL	53,090
LODEN, CATHERINE	90,537
LOGAN, TINA	53,815
LOOS, KARLI	55,072
LUECK, SHELLEY	59,462
LUKYE, VICTORIA	79,567
LUSCOMBE, MICHELLE	95,377
LUTERBACH, COLLEEN	115,837
LYONS, DANIEL	66,851
MAAS, SUSAN	61,593
MACKINNON, HEATHER	77,213
MACPHEE, ALLAN	94,811
MAHAFFEY, KALEY	65,587
MALLORY, JOSEPHINE	84,541
MANJALY, JOHN PAUL	104,317
MANNS, DANIEL	74,171
MANTEI, LANA	102,107
MARCOTTE, VANESSA	122,048
MARKWART, REBECCA	62,500
MARSHAK, ESTHER	86,774
MARSHALL, GWENDA	100,190
MARSHALL, PAULINE	51,176
MARTENS, LAWRENCE	118,545
MARX, ROBERT	50,586
MATHEW, MANJU	79,271
MATSALLA, DONNA	70,903
MATTE, JESSICA	89,864
MATTHEWS, ERICA	78,123
MAURER, BRITTANY	62,077
MC GONIGLE, DONNA	63,024
MCAULEY, RICHELLE	78,194
MCCALLUM, TRENT	98,025
MCCLARTY, LEILA	137,384
MCFADDEN, KATHY	92,657
MCKAY, MONA	78,480
MCKEE, CHRISTOPHER	119,500
MCKENZIE, MELANIE	103,020
MCLEOD, IRENE	100,342
MCMILLEN, MARY	74,754
MCNEIL, KATHERINE	56,892
MEGENBIR, CAMILLE	52,503

MEGENBIR, JOHN	84,719
MEYER, MITCHELL	102,441
MILLER, JOAN	108,596
MILLER, RIKKI	82,028
MILLER, TROY	109,398
MILLER, WANDA	108,353
MILLER HERTES, SHELLEY	108,353
MILTON, JULIE	108,992
MITTEN, MICHELE	108,987
MOFFAT, LORIE	51,492
MOHR, SUSAN	84,797
MOLDE, AMY ROSE	50,411
MOORE, DONNA	58,065
MORRICE, JENNIFER	55,972
MORRIS, ALISON	92,749
MORRIS, DONNA	54,760
MULHALL, SHARON	67,862
MURRAY, ALANA	71,867
MURRAY, JOHN	87,732
NANKIVELL, CARRIE	79,457
NEISZ, BERNICE	58,351
NELSON, NAOMI	51,524
NICOL, SARAH	112,306
NIMEGEERS, DEANNA	60,413
OBST, DEBORAH	105,172
OCHITWA, KAREN	108,353
OLFERT, LARRY	84,434
OLSON, BRENT	79,517
OLSON, DENISE	69,556
OLSON, WENDY	76,304
ONSTAD, DELINDA	81,803
OSBORN, JANEL	91,983
OXELGREN, SONIA	105,643
PADOL, AMELNAH	100,416
PANDER, LINDA	51,540
PARADIS, PAULINE	70,309
PATEL, RONAKKUMA	58,087
PEDERSEN, ANDREW	78,672
PENNEY, KIMBERLY	90,784
PENNY, BRETT	60,691
PERRAS, JOELLE	91,187
PETERSEN, LEAH	95,763
PETERSON, CAROLYN	80,126
PETO, ALISHA	54,886
PETZEL, LORNA	75,227
PHILLIPS, AUTUMN	96,193
PICK, PAMELA	85,328
PIERSON, KELLY	91,784
PILLOUD, TINA	55,407
PINGERT, RHONDA	54,552
PLESSIS, ROSE	88,011
PLEWES, CHERYL	50,895
PONCE, VERONICA	50,924
POND, MEGHAN	60,222
POQUIZ, RONILA	50,312
PORTER, LYNETTE	86,576
PRAGNELL, JESSICA	102,465
PRAGNELL, TEAGAN	79,212
PRATT, MELINDA	97,854
PROTZ, JUSTINE	92,336
PRYZNYK, SHAWN	99,557
PULFER, NANCY	63,543
PURVIS, DIANA	103,041
QUIN, FE	58,059
QUITIONG, ELMAR	72,590
RAIWET, TANIA	82,419
RAJOTTE, TERRI	114,431
RAYMOND, STEVEN	64,639
REIMER, KEVIN	55,740
RENWICK, DANA	95,963
RESPETO, MARJORIE	53,246
RESTAU, FLORIE	57,651
RICHARDSON, BEATRIZ	55,602
RICHARDSON, LAURA	52,546
RING, KRISTEN	88,938
ROBINSON, BRADLEY	95,611
ROCHAT, MARK	84,796
RODRIGUEZ, CAROLINA	50,848
RODRIGUEZ, LUZ	63,624
ROGERS, JOEL	119,465
ROLUFS, KAYLA	84,422
ROMANOW, THERESA	121,964
ROMMANN, NIKI	94,324
RONQUILLO, YVONNE	120,488
ROR, LISA	106,193
ROTHWELL, TRACEY	68,640
ROWE, EVELYN	93,149
ROWLAND, PAM	63,620
ROY, JASON	94,283
RUDY, MICHELLE	74,093
RUSSELL, SUSAN	67,003
RUTTEN, WHITNEY	99,370
SALMERS, MARLENE	85,203
SANGSTER, RHONDA	65,265
SANGUIN, CARMEN	64,634
SAUNDERS, LESLIE	109,758
SAWCHUK, RACHELLE	54,476
SAWIN, LORNA	85,141
SCHARNATTA, COLLEEN	79,360
SCHENHER, JANINE	70,764
SCHINDEL, KIMBERLY	91,391
SCHINDEL, SHARON	64,031
SCHMIDT, DEBBIE	82,379
SCHMIDT, JASON	91,467
SCHMIDT, LAURIE	80,971
SCHMIDT, STEPHANIE	107,577
SCHNELL, CARRIE	67,281
SCHULTZ, LORRIE	89,973
SCRIM, CANDICE	51,142
SEIPP, KRISTEN	50,783
SETRUM, CHARMAINE	78,613
SHAVER, NORMA	105,448
SHAY, DEBBIE	100,843
SHELSTAD, CAROL	99,304
SHEPPARD, DEBBIE	74,146
SHERROW, HEATHER	50,000
SHIER, CHELSIE	52,528
SHYIAK, NATASHA	100,600
SILLA, GLENDA	51,419
SIM, TWYLA	96,613
SJARE, MIKE	70,433
SJOSTRAND, JANICE	104,766
SKIBA, VANESSA	73,487
SMITH, SHERRI	61,260
SOVDI, COLLEEN	77,595
SOVDI, JUDITH	95,315
SPEERS, LAURENDA	91,739
SPRECKEN, JASON	64,228
SQUIRE, DUANE	50,759
STAIRMAND, CINDY	50,764
STANKEWICH, MARK	88,208
STEELE, HEATHER	50,753
STEIN, BRENDA	93,974
STEININGER, TERRY	112,365
STENDER, LEOLA	53,590
STEPHANY, CHRISTINE	68,130
STEPHANY, GENE	106,438
STEPHENS, ELECTA	50,143
STEWART, SHEENA	102,669

Personal Services - continued

STOLZ, CELINE	94,114
STOLZ, DONNALEE	50,364
STRELIEFF, HELEN	52,410
STRUBLE, ANNAMARIE	86,868
STUBEL, MONIKA	81,896
STYRE, JACINE	77,118
SUGDEN, MAXINE	59,169
SUMMERS, DEANNA	61,041
SWIRE, CRYSTAL	73,035
SYDIAHA, DARRELL	68,181
SYMES, MARY	51,298
SZAKACS, SHEILA	78,180
TAN, JULIUS	101,807
TAN, MARY ANN	51,953
TAYAPAD, LINDA	52,600
TAYLOR, KERI	74,253
TEDFORD, GARRY	81,761
TESTER, CHRISTINE	93,270
THERA, SHIRLEY	75,814
THOMPSON, JEANNETTE	84,315
THOMPSON, LAURA	80,602
THOMPSON, TRINA	53,679
THOMSON, SCOTT	106,755
THUEN, DEBORAH	92,543
TOMILIN, LEIGH	71,080
TOURAND, DENISE	79,221
TRAIL, TRACI	86,431
TREBLE, JACKIE	74,822
TREBLE, MELVINA	79,967
TREMBLAY, LARAINE	71,306
TUAZON, ELIZABETH	102,450
TUFFNELL, LEANNE	52,548
TULLOCH, LORI JEAN	108,326
UHREN, RANDY	70,944
ULMER, KIM	68,734
ULMER, THERESA	78,358
VALENTINE, DIANNA	56,702
VALENTINE, TERESA	50,055
VAN DER BREGGEN, GEORGE	84,791
VANSTONE, JEWELL	97,679
VATAMANIUCK, LENORA	64,952
VATAMANIUCK, LISA	85,060
VEROBA, SARAH	94,066
VIERGUTZ, SUSAN	90,983
VOGEL, JEANNE	51,659
WAGNER, JANICE	76,401
WALBAUM, DIANE	54,355
WALL, RHONDA	94,997
WALTER, ANGELA	54,547
WARD, COREEN	69,330
WAROMA, KRISTIN	89,194
WATCHMAN, TAMMY	76,117
WATLING, JOSEPHINE	80,896
WATSON, ANDREA	83,901
WATSON, BRANDY	94,522
WATSON, FELECIA	82,678
WATSON, HEIDI	78,698
WATSON, RIANNE	69,101
WATSON, ROD	91,657
WEBB, LISA	76,947
WEED, BRITTNEY	84,811
WESTERHAUG, STACEY	56,732
WHEELER, SHIRLEY	123,463
WHITE, REBECCA	78,392
WHYTE, DERRICK	101,099
WIDDIFIELD, CHARLOTTE	57,617
WIEBE, ANGELA	65,497
WILLEMSE, LUCILLE	65,651
WILSON, LINDA	105,172
WILSON, TANNIS	54,917
WILTON, KELLY	75,001
WING, GRAHAM	56,140
WINTERS, JOANNE	50,079
WISEMAN, MANJULA	51,732
WOOD, LAURA	119,179
WORMAN, KAREN	53,673
WRIGHT, BARBARA	77,297
WRIGHT, BERNADETT	104,721
WYATT, MARNELLE	102,936
YAREMKO, ALANNA	78,845
YOUNG, CHENOA	93,832
ZABOLOTNEY, KIM	61,118
ZADOROZNIAK, ECHO	71,308
ZAMBORY, TRACY	160,665
ZELIONKA, TIFFANY	75,310
ZIMMERMAN, SHIRLEY	55,643
ZYLA, JILL	77,805

Transfers

Listed by program are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	1,857,247
Canadian Mental Health Association	129,032
Fillmore Ambulance	79,365
Radville Marian Health Centre	3,272,880
SMILE Services Inc.	66,903
St. Joseph's Hospital	18,278,917
Supreme Ambulance (Carlyle)	430,901
Weyburn Group Home Society Inc.	294,344

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

Access Communications	87,703
Adediji, Dr. Ebenezer	90,589
Alltech Electric Inc.	93,086
Amadasun, Dr. Eghosa	274,290
ARI Financial Services	90,627
Beckman Coulter Canada Inc.	140,049
Boardwalk Communications	89,658
Carestream Health Canada Company	122,628
C J Meyer Medical P.C., Inc.	467,711
Canadian College of Health Service Executives	91,356
Cardinal Health Canada Inc.	465,721
Charis Medical	72,432
Chit-Tronics	115,876
City of Weyburn	100,110
CPDN	104,007
Crestline Coach Ltd.	261,327
CSI Leasing Canada Ltd.	72,860
Cummins Western Canada	53,560
Davies, Dr. Anthony	79,067
Dr. G. B. Suberu Medical	338,619
Dr. Khalid Sheikh Medical	97,609
eHealth Saskatchewan	1,355,699
Ejeckam, Dr. Adanna C.	335,334
Ekladious, Dr. Sameh	271,243
Erhaze, Dr. Sylvester	198,058
Estevan Primary Medical Centre	174,560
Fadahunsi, Dr. Olajide	63,791
Findlater, Dr. Andrew Ross	124,948
Fong, Dr. Philip	254,272
Ghaly, Dr. Fady	267,626

Supplier Payments - continued

Grand & Toy Office Products	134,956
Grosenick, Dr. Janessa	165,794
Hill-Rom Canada Ltd.	92,305
Hiroc Insurance Services Ltd.	248,073
Horri, Dr. Mehdi	69,796
Hospira Healthcare Corporation	158,115
Instrumentation Laboratory	88,813
Jayeoba, Dr. Oluwemimo	313,535
Johnson Controls	119,937
Kairos Medical Professional Corporation	529,828
KCI Medical Canada Inc.	52,818
Khak, Dr. Jamshid	328,796
Ledcor Construction Ltd.	143,193
Lenferna, Dr. P. A.	80,632
Logibec Inc.	75,865
Louvish Medicine Professional Corporation	331,480
MacPherson Leslie & Tyerman LLP	87,230
Marsh Canada Ltd.	269,970
McKesson Canada	174,527
McKesson Distribution Partners	57,922
Mertz (MJ) Holdings Inc.	113,292
MHPM Project Managers Inc.	54,228
Minister of Finance	898,719
Narouz, Dr. Lilian	276,143
Netlink Computer Inc.	73,625
Oberholzer Dr. Werner	96,404
Olympus Canada Inc.	98,648
Ortho-Clinical Diagnostics	236,836
Osondu, Dr. Chinwe	322,628
Ovueni, Dr. Michael Efe	447,512
Ovueni, Dr. Constance	315,153
Phillips Healthcare	209,340
Physio-Control Canada Sales Ltd.	121,165
Pinchin West Ltd.	71,235
Pratt's Wholesale Sask Ltd.	105,927
Radiology Associates of Regina	483,997
Regina Qu'Appelle Health Region	211,409
Regens Disposal Ltd.	97,804
Roche Diagnostics	95,659
Russell Food Equipment Ltd.	76,727
Saputo Dairy Products Canada	138,455
Saskatchewan Power Corporation	1,410,839
Saskatchewan Telecommunications	561,951
SaskEnergy Incorporated	580,930
Schaan Healthcare Products	654,329
St. Joseph's Hospital	1,553,091
St. Joseph's Hospital Foundation	118,780
Silverado Demolition Operations Inc.	371,768
Stantec Architecture Ltd.	63,021
Stevens Company Ltd.	145,397
Stewart, Dr. Boyd	50,557
Suncor Energy Products Partnership	60,545
Sysco Food Services West Inc.	1,167,010
The Border-line Housing Company (1975) Ltd	415,161
Town of Carlyle	53,863
Viking Fire Protection Inc.	657,265
Vipond Fire Protection Inc.	110,999
West Health Medical Professional	321,647
WBM Office Sustems Ltd.	168,951
Wood Wyant Canada Inc.	173,258
Yekinni, Dr. Idris	84,437

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employees Local 5999	951,385
Golden Opportunities Fund	296,741
Great West Life Assurance Company	497,406
Health Sciences Association of Saskatchewan	147,637
London Life	70,400
Public Employees Pension Plan	152,565
Receiver General for Canada	23,859,788
Sask Works Venture Fund Inc.	185,448
Saskatchewan Association of Health Organizations	5,642,837
Saskatchewan Healthcare Employees Pension Plan	12,248,078
Saskatchewan Registered Nurses' Association	127,439
Saskatchewan Union of Nurses	358,556
Saskatchewan Workers' Compensation Board	735,593